

500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

FOR

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2h HOUR

HOURS

NO [

STATE

STATE

MD

IF UNDER 24 HRS

FRANCES WEAVER

CIN-54-8831 LWIA ALBERTSON SAME AS IS TALIGHTER

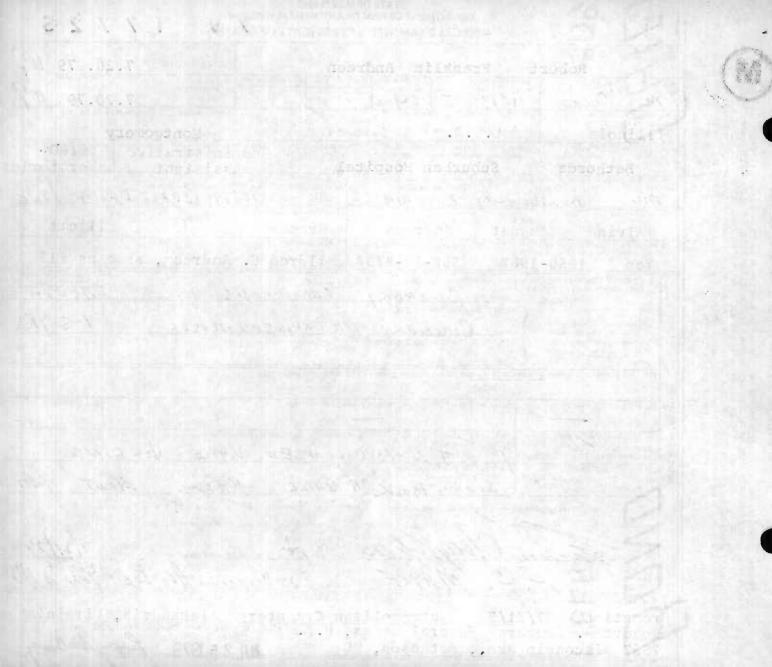
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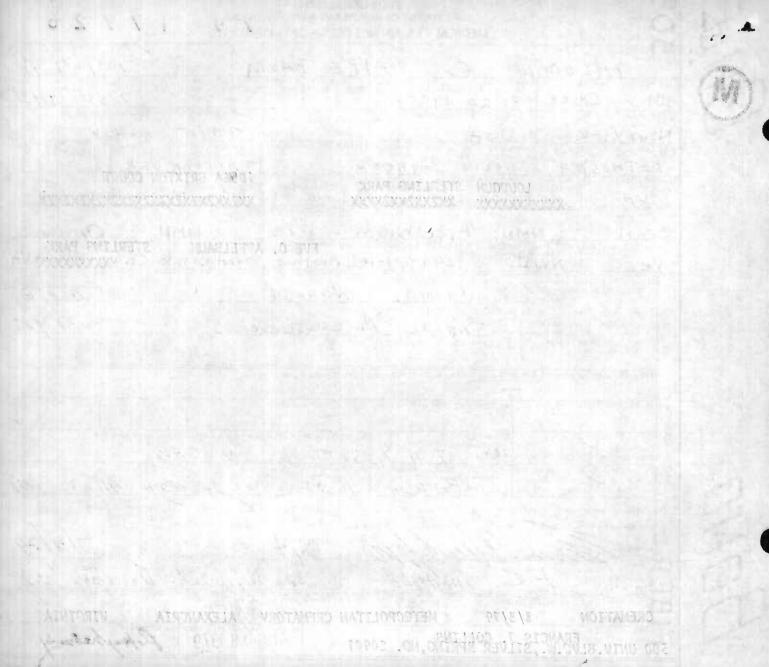
SOC UNIV. SLVP. N. SILVER SPRING, MR. 20901

| 1 DE | REGISTRAR CEASED NAME | FIRST | MEI | DICAL EXAMINE | ER'S CERTIFIC | ATE OF DE | REG. | NO. | DAY YEAR 75 HOUF |
|----------------------|---|--|---|--|---|--|--|---|--|
| | PE OR PRINT | Olive | r n | | Ames | | OF ESTI- DEATH MATED | 6.0 | 1 19 79 |
| 3. SE | 4. | RACE S | DATE OF BIRTH | Oynton 6. AGE (IN YEAR LAST BIRTHDAY | RS IF UNDER 1 YR. | F UNDER 24 HRS | . 2c. DATE PRONOUNCED | MONTH | DAY YEAR 24 HOLL |
| | Male V | | Oril 11 | 1898 81 YRS | 8 | | 9. BALTIMORE CIT | 7 Y OR COUNT | 1 19 79 P |
| | NEW YORK | | U.S.A. | | MARRIED NEVI | ER MARRIED U | | | County, M |
| 17. | TY OR TOWN OF | | (IF NOT IN SUCH FAI | PITAL, NURSING HOME, | OR OTHER INSTITUTI | FO | SUAL OCCUPATION R MOST OF WORKING LIFE) PIRED | TYPE OF WORK | 126 KIND OF BUSINESS OR INDUSTRY CHEM. ENGINEE! |
| USU. | AL RESIDENCE (# | IN HURSING HOME OR OT | | | N) | | REET ADDRESS | | PHEM: ENGINEES |
| Ĩ | IARYLAND | MONTG | OMERY | POTOMAC | YES K | | LOIO DOBBI | NS DR. | |
| | ATHER'S NAME | | DMAS | AMES | 15. MOTHER FR HEI | | MIDDLE . | / B | OYNTON |
| | WAS DECEASED E ES. NO, OR UNKNOWN NO | VER IN U.S. ARMED | | 072-07-237 | | | ROZIER (SA | ESS | |
| | 18 CAUSE OF E | DEATH (Enter only o | ne cause per line | far (a), (b), and (c).) | 11 . 0 | | Di sassa | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | 429 | 1 IMMEDIATE C | AUSE (a) | teriosclero | | vascula | Libraease | | |
| 9 | | if any, which | | AS A CONSEQUENCE O | | | | | |
| | | to immediate ating the <u>under-</u> last. | DUE TO, OR | AS A CONSEQUENCE O | F | | | 1003 | |
| | PART 2 OTHER SIGNI | FICANT CONDITIONS CON | (c) | BUT NOT RELATED TO THE TERMIN | NAL DISEASE OR CONDITION | GIVEN IN PART 1 Lat. | | | |
| Z | | | | | | | | | |
| 12 | IA. DATE OF O | DEDATION | Title Conton | COLUMN TO STATE OF THE STATE OF | VIOLUMAS DEDECORA | 500 | | | In autonova |
| FICATIC | 19a DATE OF O | PERATION | 19b. CONDIT | ION FOR WHICH OPERA | ATION WAS PERFORM | AED? | | 7 | 20. AUTOPSY? |
| AL CERTIFICATION | 21a. EXTERNAL O | CAUSE WAS | 21b. TIME OF HOUR A.M | INJURY . MONTH DAY YEAR | | | R NATURE OF INJURY IN ITEM | A 18 PART 1 OR PA | YES X NO |
| | 21a. EXTERNAL OUNDERLYING CONTRIBUTING | CAUSE WAS OR CAUSE OF DEA | 21b. TIME OF HOUR A.M. TH P.M. | INJURY . MONTH DAY YEAR 19 | | | R NATURE OF INJURY IN ITEM | | YES X NO |
| MEDICAL CERTIFICATIO | 21a. EXTÉRNAL O UNDERLYING CONTRIBUTING | CAUSE WAS OR CAUSE OF DEA | 21b. TIME OF HOUR A.M. TH P.M. | INJURY . MONTH DAY YEAR . 19 DE INJURY (AT HOME, | 21c. HOW INJURY (| | | | YES 🛣 NO 🗋 |
| | 21a. EXTERNAL (UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK | CAUSE WAS OR CAUSE OF DEA CURRED NOT WHILE AT WORK that I took charge a | 21b. TIME OF HOUR A.M. TH P.M. 21e. PLACE C STREET, FACT | INJURY . MONTH DAY YEAR 19 OF INJURY (AT HOME, ORY, FARM, ETC.) | 21c. HOW INJURY (| DCCURRED (ENTE | | | YES X NO |
| | 21a. EXTERNAL I UNDERLYING CONTRIBUTINO 21d. INJURY OC WHILE AT WORK 22a. I certify | CAUSE WAS OR CAUSE OF DEA CURRED NOT WHILE AT WORK that I took charge a | 21b. TIME OF HOUR A.M. TH P.M. 21e. PLACE C STREET, FACT | INJURY . MONTH DAY YEAR 19 OF INJURY (AT HOME, ORY, FARM, ETC.) | 21f. LOCATION STREET Autopsy Autopsy Title (SP | Inspection , und | CITY OR TOWN | со | YES X NO |
| | 21a. EXTERNAL (UNDERLYING CONTRIBUTING) 21d. INJURY OC WHILE AT WORK 22a. I certify death resulted | CAUSE WAS OR CAUSE OF DEA CURRED NOT WHILE AT WORK that I took charge a fram: Natural of | 21b. TIME OF HOUR A.M. TH P.M. 21e. PLACE C. STREET, FACT f the remains des | INJURY . MONTH DAY YEAR 19 OF INJURY (AT HOME, ORY, FARM, ETC.) | 21f. LOCATION STREET Autopsy Autopsy Title (SP | Inspection , und | Inquiry , | ond in my op , DATE SIGNE | YES X NO D |
| WEDICAL | 21a. EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK 22a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N. (TYPE OR PRINT UURIAL CREMATIC SPECIFY) | CAUSE WAS OR CAUSE OF DEA CURRED NOT WHILE AT WORK that I took charge of fram: Natural of the country of t | 21b. TIME OF HOUR A.M. P.M. 21e. PLACE of STREET, FACT. STREET, FACT. STREET, FACT. The remains described by the remains | INJURY . MONTH DAY YEAR 19 OF INJURY (ATHOME, ORY, FARM, ETC.) cribed above, held an Accident , Suice Dolan, M.D. 23c. NAME OF CEM | 21f. LOCATION STREET Autopsy X, cide , Homicia TITLE (SP M.D. ASSI | Inspection , und ECIFY) RY 23d | Inquiry , etermined manner EDICAL EXAMINER 111 Pen | and in my op , DATE SIGNE n Stre | YES X NO D UNITY STATE TO THE TO TH |
| WEDICAL MEDICAL | 21a. EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK 72a. I certify death resulted ACTUAL SIGNATURE EXAMINER'S NI (TYPE OR PRINT | CAUSE WAS OR CAUSE OF DEA CURRED NOT WHILE AT WORK that I took charge of fram: Natural of the company of t | 71b. TIME OF HOUR A.M. P.M. 21e. PLACE of STREET, FACT f the remains descauses | INJURY . MONTH DAY YEAR 19 SF INJURY (ATHOME, ORY, FARM, ETC.) cribed abave, held an Accident , Suice Olan, M.D. 136. NAME OF CEM | 21f. HOW INJURY O | Inspection , und ECIFY) RY 23d. C. C. A. C. C. C. A. C. | Inquiry , etermined monner EDICAL EXAMINER 111 Pen LOCATION IT ORTOWN LEXANDRIA | and in my or and in my or significant significant stree | YES X NO D UNITY STATE TO THE TO TH |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TO OF 7.20.1979 Robert. Franklin DEATH MATED Andreen 4. RACE IF UNDER 24 HRS 2c. DATE PRONOLINCED DEAD 7.20.79 9. BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR NEVER MARRIED Illinois U.S.A. WIDOWED DIVORCED [Montgomerv D. CITY OR TOWN OF DEATH Administrative Bethesda Suburban Hospital Assistant aboratories USUAL RESIDENCE (IF IN NURSIN 13d. INSIDE CITYLIMITS? 13e. STREET ADDRESS mo OTO MAC MONTGOMERY 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Elliott Andreen Grace Alvin August 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 358-10-8298 Mildred G. Andreen, same 950-1968 as Yes 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: 1 HROW BOSIS ACUTE CORONARY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which MRTERIOSCLEROSIS gove rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? YES [] NO P 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING COLLAPSED CONTRIBUTING CAUSE OF DEATH 21f. LOCATION AT WORK AT WORLE MURCHILL SCHOOL TR 22a. I certify that I taak charge of the remains described above, held on Homicide death resulted from: EXAMINER'S NAME 23a BURIAL CREMATION REMOVAL 23b. DATE Alexandria, Virginia Cremation 7/21/79 Metropolitan Crematory 24. FREDETTORA. Pumphrey Funeral Homes, P. A. 350. DATE REC'D. BY REGISTRAR **DHMH - 17** VR A15 ME (51) 7557 Wisconsin Ave., Bethesda, MD 15M 7/76



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR O. DATE KNOWN TO MONTH I. DECEASED NAME (TYPE OR PRINT) ESTI-E O DORE DEATH MATED SEX DATE LAST BIRTHDAY PRONOUNCED CAVE M DEAD 9. BALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED WIDOWED KIND OF BUSINESS OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY BETHESD BETHEDA 134. INSIDE CITY CIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE NMN ARMED FORCES? 160. WAS DECEASED EVER 1046A Brixton Ct. 200 -16/1 mother 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ARRES ALVTE IMMEDIATE CAUSE (a Canditians, if ony, which TRIERIOS (JEROSI gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 G CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO M TO BURIAL 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] INDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR OF INJURY (AT HOME STREET, FACTORY, EARM, ETC.1 WHILE OT WHILE AT WORK AT WORK and in my opinion 220. I certify that I took charge of the remains described obove, held on ARYLAND, TO MEDICAL EXAMIN
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE
TO FUNERAL DIRECT
AFTER DEATH, WITH THE SHOOLE SHOULD SHOU Undetermined monner death resulted from Homicide EXAMINER'S NAME TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE CREMATION METROPOLITAN CREMATORY ALEXANDRIA BP. 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 15M7/76



should be detached for use as the buriot-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to buriot, cremation, or removal.

STATE OF MARYLAND

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| 1' | - STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | The Property of the Control of the C |
|-----------------------|---|--|---|---|--|
| 1 DI | ECEASED NAME FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH DAY | YEAR 2b HOUR |
| (TYP | JOHN WILLIAN | 1 AUGUSTINE | | 3 JULY 1979 | 8:16 P |
| 3 SI | EX | 4 RACE | 5 DATE OF BIRTH | | DER I YEAR IF UNDER 24 HRS |
| | MALE | CAUC. | JULY ZE LEGI | ■ 87 YRS MONTH | S DAYS HOURS MIN |
| 70 E | BIRTHPLACE STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIED XX NEVER MARRIED | 9. BALTIMORE CITY OR COUNTY OF D | DEATH |
| 1 0 | BIRTHPLACE STATE OR FOREIGN COUNTRY) CAMBON | AZU | WIDOWED DIVORCED | MONTGOMERY CO. | M |
| 10.0 | CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | G HOME OR OTHER INSTITUTION | | KIND OF BUSINESS OF |
| 7 8 | BETHESDA MD. | NATIONAL NAV | AL MED. CEN. | | S.Marine |
| 130 | MARYLAND PR | OTHER INSTITUTION, GIVE RESIDENCE BEFORE STY OR TOWN BLADEN | SBURGYES X NO | 13° STREET ADDRESS 5414 UPSHUR ST | Corps |
| | FABIAN ADAM AL | JGUSTINE LAST | MARY LOU: | ISE LABOEHEIR | LAST |
| 2 160 | | MED FORCES? 166 SOCIAL SECU SOCIAL SECU SOCIAL SECU | | NENZTINE BEADENZE | BRGT MD. |
| | PART I. DEATH WAS CAUSE | ly one couse per line for (o) 1b1, one DBY. MYOCARD | | SEPTAL XT) | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| NO | Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost | DUE TO, OR AS A CONSEQUE | ENCE OF | WINAL DISEASE OR CONDITION GIVEN IN | PART I(o) |
| TIFICATION | Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost | DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) | ENCE OF | MINAL DISEASE OR CONDITION GIVEN IN 200 AUTOPS 20b IF YES, WEF | |
| ICAL CERTIFICATION | Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (HE ETHER, NOTIFY MEDICAL EXAMINER) | DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO E 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH DAP P.M. | ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 | MINAL DISEASE OR CONDITION GIVEN IN 200 AUTOPS 20b IF YES, WEF | RE FINDINGS USED CAUSES OF DEATH? NO [] |
| MEDICAL CERTIFICATION | Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA | DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE ONDITIONS CONTRIBUTING TO E 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH DA | ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 711: LOCATION | 200 AUTOPS 200 IF YES, WEF IN CERTIFYING YES NO YES TENDER 18, PART 1 O | RE FINDINGS USED CAUSES OF DEATH? |

DHMH - 16 50M 1/76 (VR A 15 (4))

Nalitey's F.H.Inc.

Mt. Rainier, Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

PE JATES J for a

Singleton FuneralHome, Glen Burnie Md.

(VR A 15 (4))

STATE OF MARYLAND

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Maryland

DIVISION OF VITAL RECORDS,

(VR A 15 (4))

STATE OF MARYLAND

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attending physicial

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STATE OF MARYLAND

| | 1 | STATE REGISTRAR | DEI ARTIM | | ICATE OF DEATH | REG. N | 0. | , , | |
|------------------------------|---------------|--|---|-------------------------|--|--|-------------------|----------------|------------------------------------|
| | | ECEASED NAME FIRST E OR PRINT] | BALSH | | AST | | MONTH DA | 7 YEAR | 2b HOUR |
| | 3 SE | x M ALE | CAUCASIAN | S. DATE C | | 6 AGE (IN YEARS LAST BIRT | YRS. | DAYS | HOURS MIN. |
| of once. | C | MD. | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIEI WIDOWE | D DIVORCED | 9 BALTIMORE CITY O | nery | | MD. |
| e notified | 5 | ILVER SPRING | HOLY CROSS HO | SP17 | PROTHER INSTITUTION | 120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O NONE | | INDUSTRY | ONE |
| er must be | 13a | MARYLAND MONTE | | 1 | 13d INSIDE CITY LIMITS? YES NO | 13e. STREET ADDRESS 403 REXBURG | G AVE. | #2002 | 2 |
| Summer Summer | | JOEL . | - BALSHAM | | 15 MOTHER'S MAIDEN NAI FIRST /NH | ₹ WIDDIE | \$50 | | NBERG |
| medica | | WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE NO | MED FORCES? 166 SOCIAL SECUR WAR OR DATES) NONE . | RITY NO. | JOEL BALSHAM | 403 REXBURG | 7 | | HILL,MD |
| or other traumatic event, tl | | PART I. DEATH WAS CAUSED | E CAUSE (D) QUELLE | NCE OF | int delin | uz-Brov | allo | SETWEEN | KIMATE INTERVAL ONSET AND DEATH |
| injury, | NOI | PART 2. OTHER SIGNIFICANT C | onditions <u>contributing to d</u> | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVE | N IN PART 1 | ۵) |
| shows ony | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH (| OPERATIO | N WAS PERFORMED | 20a AUTOPSY? YES [NO [| | | NGS USED S OF DEATH? NO [|
| Hem 18 sh | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUI | RY IN ITEM 18 PAR | T 1 OR PART 2) | |
| marked ar 1 | MEDICAL | 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | ARM, ETC.) | 21f. LOCATION STREET | CITY OR TOV | NN | COUNTY | STATE |
| 21 is | | 220.1 certify that (I) (this haspit sow the deceased alive an above, (I) (we) (did) (did not | ol) attended the deceased from | | nd that in (my) (our) apinion | death accurred on the d | | | that (I) (we) lost couses stated |
| . If Item | | 22b. SIGNATURE | 56 | 216 | DEGREE ATTENDING PHYSICIAN PHYSICIAN | MEDICAL STAI | FF CIAN C | 22c. DATE | SIGNED |

BURIAL

220 ADDRESS 8830

should be detached for use as with the State Dept. of Health IMPORTANT: If Item 21 is

230. BURIAL, CREMATION, REMOVAL 23b. DATE 7-8-79

231. NAME OF CEMETERY OR CREMATORY BETH TFILOH

BALTIMORE

MD STATE COUNTY

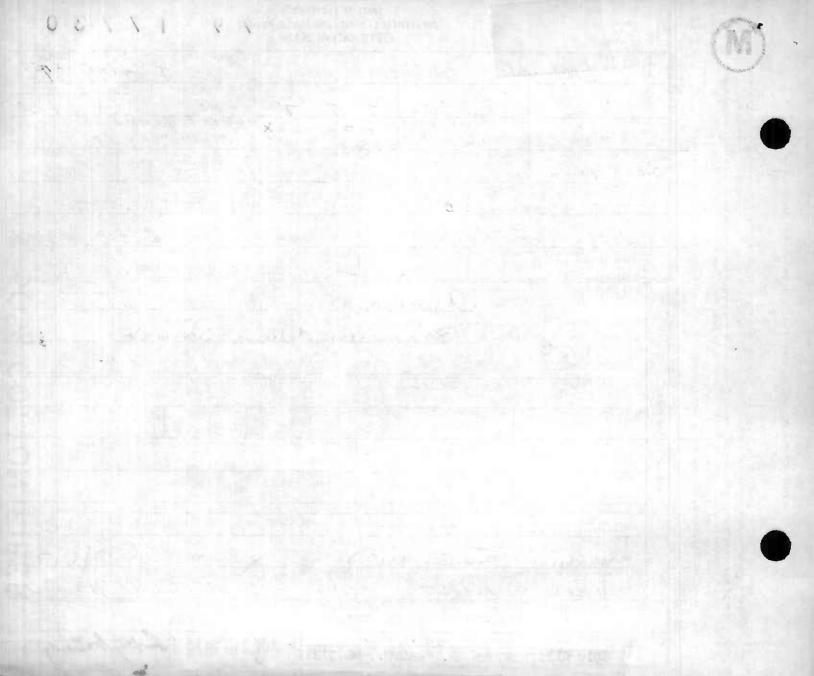
DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: retained by the haspital

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

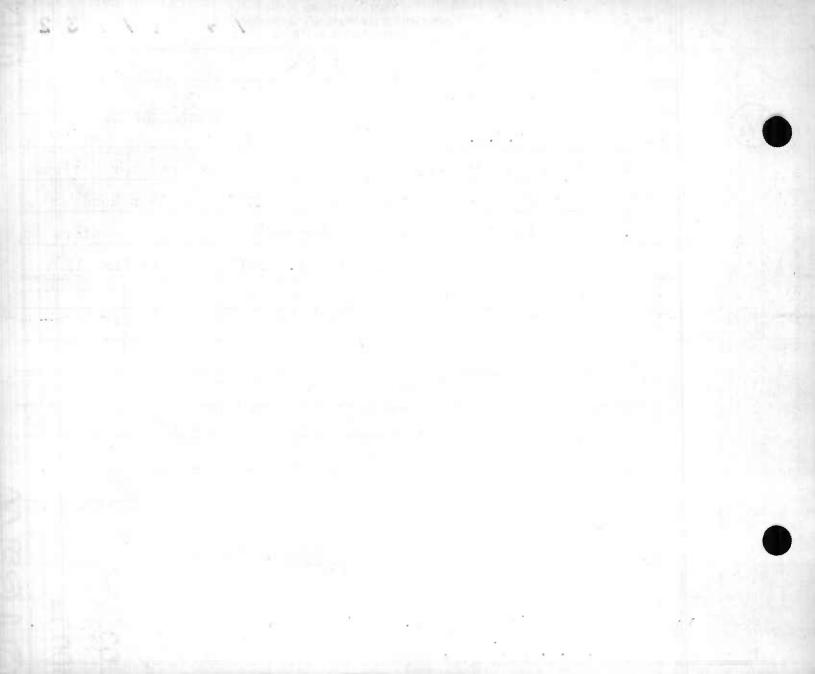
BROS., SOL 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD., BALTO., MD 21215



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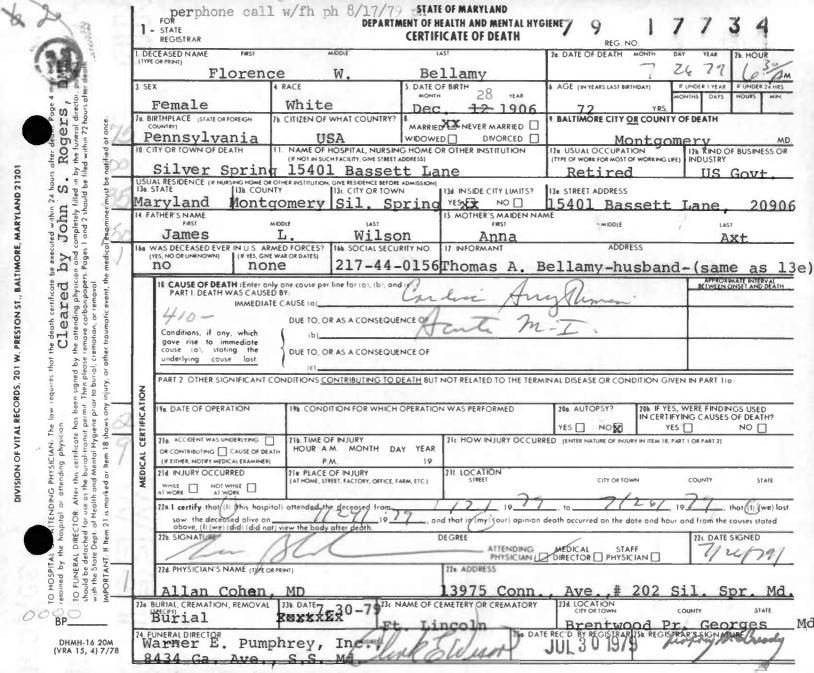
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| | | FOR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC | GIENE 7 9 | 1 3 | 7 7 | 3 2 |
|----------|---------------|---|--|---|---|-----------------------------------|------------------------------|--|
| | | STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. N | | | 4 50 |
| | | EASED NAME A FIRST | Palmer | Beall, SR. | 20. DATE OF DEATH | MONTH DA | 7-79 | 6.00 |
| | SEX | Male | Caucasian | S DATE OF BIRTH MONTH DAY YEAR 12 13 0 (e) | 6. AGE (IN YEARS LAST ON | 2 yrs ma | FUNDER LYEAR ONTHS DAYS | HOURS MIN |
| of one | COL | THPLACE (STATE OR FOREIGN UNTRY) aryland | U.S.A. | MARRIED KNEVER MARRIED WIDOWED DIVORCED | mont 90 | mer | 4 Cou | _ /V |
| 68 5 | Sil | VORTOWN OF DEATH | HOLL CROSS | s nospital | 120. USUAL OCCUPAT TYPE OF WORK FOR MOSTS Machine | on perat | INDUSTRY OT Re | BUSINESS O |
| | 3n. ST | ryland font | ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 112 CITY OR JOW GOMERY KENSIN | VN 13d. INSIDE CITY LIMITS? | 2720 Jer | nings | Road | |
| T 14. | . FAT | HER'S NAME A FIRST | mppealmer Bea. | 11 Margare | ME MIDDLE | | Wate | ers |
| 160 | N'C | AS DECEASED EVER IN U.S. AR. S. NO OR UNKNOWN] 1 YES, GIVE | E WAR OR DATEST | | ADDR | | item 1 | L 3 |
| 3 | | Conditions, if any, which gave rise to immediate cause (D), stating the underlying couse last | DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO AS PLEASED | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CON | IDITION GIVE | N IN PART 1(o) | 1 |
| 2 | CERTIFICATION | 90 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? YES □ NO-☑ | 20b. IF YES, IN CERTIFY YES | WERE FINDING ING CAUSES (| GS USED OF DEATH? NO |
| 3 | _ | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) | ATH HOUR A.M. MONTH D. | AY YEAR | RED (ENTER NATURE OF INJU | IRY IN ITEM 18 PAR | RT I OR PART 2) | |
| / 3 | υL | | | | | | | |
| 7 3 | | WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, I | 211 LOCATION | CITY OR TO | WN | COUNTY | STATE |
| / News | | 276. SIGNATURE | IATHOME, STREET, FACTORY, OFFICE. That of the deceased from the street of the street | PARM, ETC.) 211 LOCATION STREET 2 19 79 2 1 and that in (my) (our) apinian DEGREE PHYSICIAN PHYSICIAN | 10_ Suly | £7 10 ote and hour of | 9_74_, the ond from the co | hat (I) (we) la ouses stoted |
| | | WHIRE NOT WHILE AT WORK 27a. I certify that (I) (this has saw the deceased alive an obove, (I) (we) (did) (did) | IAT HOME, STREET, FACTORY, OFFICE, THOIL OHTENDED THE DECEASE OF FROM THOIL OHTENDED THOME, STREET, FACTORY, OFFICE, THOIL OHTENDED THOME, STREET, FACTORY, OFFICE, THOME, STREET, STREET, OFFIC | PARM, ETC.] 211 LOCATION STREET 212 and that in (my) (ww) apinian DEGREE D. ATTENDING PHYSICIAN (220 ADDRESS) 10620 GGC | death occurred an the d | 17 10 ote and hour of | 9 74 th ond from the co | hat (I) (we) la ouses stoted GIGNED |
| / REPORT | 3a. Bt | WHILE NOT WHILE 220. I certify that (I) (this hospit saw the deceased alive an obove, (I) (see) (did) (did) (27b. SIGNATURE | IAT HOME, STREET, FACTORY, OFFICE, 1970 10 10 10 10 10 10 10 | PARM, ETC.) 211 LOCATION STREET 2 19 79 2 1 , and that in (my) (ewr) apinian DEGREE PHYSICIAN 22e ADDRESS | death occurred an the death occurred an the death occurred and the death occurred and the death occurred and the death occurred and death occu | FF CIAN C | 9 74 th ond from the co | hat (I) (we) la ouses stoted SIGNED 177, 197 |



| to. | 12 | 1, | FOR STATE | DEPAI | STATE OF A | AARTLAND I AND MENTAL HYG | HENE) | 7733 |
|---------------------|--|---------------|--|------------------------------------|-------------------------------|---------------------------------|--------------------------------|--|
| - 0 | | 1, | REGISTRAR | MEDICA | L EXAMINER'S | CERTIFICATE OF | DEATH REG. N | NO. |
| | (00) | | CEASED NAME FIRST | MIDDLE | | LAST | 2a. DATE KNOWN | |
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| | ¥2222 | | Male Cauc. | June 4, 22 | LAST BIRTHDAY) MONT | HS DAYS HOURS MIN | PRONOUNCED DEAD | Die 1/2 A 70 10 |
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| | 27 7 5 7 | 7 1 | oreign country) L. Carolina | U. S. A | | IED NEVER MARRIED | 1 1 1 5 v | -/- |
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| MD | PM 3. | / | FIRST | MIDDLE | LAST | 15. MOTHER'S MAIDEN N | AME | LAST |
| Ä, | PAGES 1, FORM PM SS 1 AND 2 | 1/2 | Leon M WAS DECEASED EVER IN U.S. AR | cNeil B | e11, Sr. | Martha | Ann | Bethune |
| MO | FTER DE FORM FORM ON OF | 100. | YES, NO, OR UNKNOWN) (IF YES, GIVE | WAR OR DATES) | OCIAL SECURITY NO. | 17. INFORMANT | | Westover Dr. |
| BALTIMORE, MD. 2120 | URS AFTER DEAT B. GIVE PAGES 1 WITH FORM PA PAGES 1 AND DIVISION OF VI | | No | | 8-28-9089 | David M. B | ell, Poquo | son, VA 23662 |
| ST., 8 | | 13 | 18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE | nly ane cause per line far (a), | (b), and (c).) | | 2 4 1 /- | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| N S | N 24 HO ITEM 1 ALONG PERMIT 'GIENE, | | | TE CAUSE (a) | Teute, | MXGEZY. | dial 01 | 5 |
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1/2/2 A/K/A Betty Scott Benson

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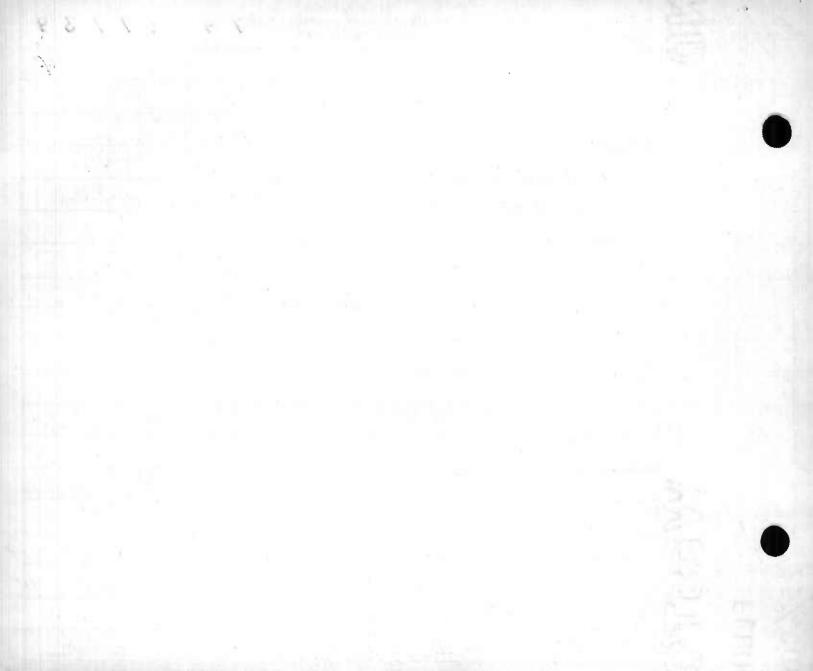
DEPARTMENT OF HEALTH AND MENTAL HYGIENE"

FOR

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| | | STATE REGISTRAR CEASED NAME FIRST OR PRINT! | > | MIDDLE | | CATE OF DEATH | REG. NO. 26 DATE OF DEATH MON | TH DAY YEAR | 2b. HOUR |
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| a de de de | | VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) IN YES. NO | ARMED FORCES? GIVE WAR OR DATES! | 065-03-1 | | n informant Ralph Betancou | 13121 Col | lingwood T | errace 20904 |
| rigides of me circulary prystol Then please remove corbonopopers to burial, cremation, or removal. njury, or alher traumatic event, the | | PART I. DEATH WAS CAL IMMED Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost | DUE TO, O | AS A CONSEQUE | | CEREBRAL | - INFAR | CTION 5 | AMATE INTERV. |
| DIRECTOR. After this certificate has been oached for use as the burial-transit permit. Dept of Health and Mental Hygiene prioriff frem 21 is marked or frem 18 shows any MEDICAL CERTIFICATI | ATION | PART 2 OTHER SIGNIFICAN | | | | NOT RELATED TO THE TERMI | 20s AUTOPSY? 20b | . IF YES, WERE FIND | INGS USED |
| | TIFK | | | | | | YES NO | CERTIFYING CAUSE | NO [|
| | . 1 | 216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR A. | m. month da m. | Y YEAR | | ED (ENTER NATURE OF INJURY IN I | TEM 18, PART 1 OR PART 2) | |
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| | | 22a certify that (1) (this has saw the deceased alive above, (1) (we) did (did | on laky | 18 197 | , | d that in (my) (aur) opinion d | eath occurred on the date of | | |
| | | DEGREE ATTENDING MEDICAL STAFF July 19, 19 | | | | | | | |
| Z | | WHITER | E - | 60021 | MY | 2309 SHOKE | EFIELD RY | WHEA. | TON 1 |
| MPORTANI | | | AL 236. DATE | 23c. N | AME OF C | METERY OR CREMATORY | 23d. LOCATION | | |
| MPORTANT: | B | URIAL, CREMATION, REMOV UPLAT UPLAT INERAL DIRECTOR | July 2 | 1,79 Ga | te of | Heaven Hampshire DATE | Silver Spri | ng, Montg | ., Mď. |



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN I HIMOM 7h HOUR (TYPE OR PRINT) OF ESTI-RECTOR. IR FILES. PHOURS STREET, Oan 19" SEX 6. AGE (IN YEARS | IF UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR MONTH DAY LAST BIRTHDAY PRONOUNCED 23 TOMALE 19 b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Hungary U.S.A. WIDOWED D DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION THE OF WORK 126 KIND OF BUSINESS +iRed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET nontonery NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE Popovich John Washentz Sophia MIDDLE OE 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. 66 6824 Mary Cinkan Same as item # 13 a-e CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY KESPIKATOR IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which HEMATOMA gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? SUBDURAL REGURREN OF YES NO P ERMAL CAUSE WAS 216 TIME OF INJURY POR HOUR M. MONTH UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH STEPS THE PLACE OF INJURY TATHOME 211. LOCATION STREET, FACYORY, FARM, ETC.) WHILE AT WORK 12408 Title. I certify that I took charge of the efficies described above, help Autopsy ond in my opinion Homicide Undetermined monner TITLE (SPECIE EXAMINER'S NAME TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMAT 7-23-79 Deer Creek Cemetery Harmar Township Penna. Burial 24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home **DHMH-17** 1331 Rockville Pike Rockville, Md. 20852 (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2n DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT! Merrill Donald Boone 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IE UNDER 24 HRS MONTH white Oct. 1918 Je BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED Pennsylvania USA Montgomeru WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 9809 Haverhill Drive Salesman Kensington Sears 1136 COUNTY 13e STREET ADDRESS 130 CITY OR TOWN 134 INSIDE CITY LIMITS? California Tustin 15653 - C Pasadena Avenue Orange ME FATHER'S NAME 15 MOTHER'S MAIDEN NAME MICOLE Merrill H. Julia E. Boone. Smoyer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT wife ADDRESS (# YES, GIVE WAR OR DATES) WWII Yes 193-16-9462 Nary Ellen Boone same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: ESPIRATOR TAILURE IMMEDIATE CAUSE (a A CONSEQUENCE OF 4 10 DESPREA Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF IVISION OF VITAL RECORDS, 201 W. 810 underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO [71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN 7.5.79 224 PHYSICIAN'S NAME (THE OFFEND) 22e ADDRESS 24 Havard St., Silver Spring, Md. 20906 Richard P. Delaney, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial STATE COUNTY Nurembero Cemetary INUTEMBLE TO STRANGE STRANGE SIGNATURE 24 FUNERAL DIRECTOR Francis J. Collingeress DHMH - 16 50M 7/77 (VR A 15 (4)) 500 University Blud W. Silver Spring

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH (TYPE OR PRINT) Joseph Borkin 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER 1 YEAR Male Nov. 12 White 11 To BIRTHPLACE STATE OF FOREIGN The CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED COUNTRY Montgomery County U.S.A. New York 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADD Suburban Hosp. Bethesda TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Law Attorney USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 4701 Willard Avenue 13d INSIDE CITY LIMITS? Montgomery Chevy Chase Maryland YES TX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wolkind Borkin Aber Fanny ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Harvey Borkin, 3615 Camelot Dr., Annandale, No 18 CAUSE OF DEATH (Enter only one cause per line for 1a), (b), and (c) PART I. DEATH WAS CAUSED BY CONGESTIVE HEART Sulde. IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF MYUCARDI RECHIVENT Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A-CONSEQUENCE OF underlying cause OVUNARY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES (P) 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 7 n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital attended the deceased from. and that in (my) (507) apinian death accurred an the date and have and from the causes stated saw the deceased alive an abave, (1) (we) (did) (# #bt) view the bady after death DEGREE 22c. DATE SIGNED DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 200/1 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation STATE CITY OR TOWN Cedar Hill Crematory Suitland, Maryland JOSEPH CAWLER'S SONS INC. 5139 WISC. AVE., N. W. WASH., D. C. 20016 DHMH - 16 50M 1/76 (VR A 15 (4))

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| | 1. | FOR | | DEPART | | EALTH AND MENTAL H | YGIENT C | 17 | 7 A | 5 |
| | 1 | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. N | 10 | | |
| | | CEASED NAME FIRST | | WIODLE | i. | AST | 26 DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR |
| | TYPE | ORPRINT) DEane | He | | Bo | rtnick | Jul | 4 1 | 1979 | 6 AM |
| | 3 SEX | | 4 RACE | | 5. DATE O | | 6 AGE (IN YEARS LAST BIR | | F UNDER I YFAR | IF UNDER 24 HRS |
| | | FEM Ale | W | HITE | MONTH | 18 05 | 73 | YRS | ONTHS DAYS | HOURS MIN |
| 10 | | RTHPLACE (STATE OR EOREIGN DUNTRY) | 76 CITIZEN OF | WHAT COUNTRY? | MARRIE | NEVER MARRIED | 9 BALTIMORE CITY | <u>>R</u> COUNTY C | OF DEATH | |
| 00 | | MASS | u.s | .A: | WIDOWE | | □ MONTGOME | ERY | | MD |
| Aug 1 | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF I | HOSPITAL, NURSING PACILITY, GIVE STREET | NG HOME O | ROTHER INSTITUTION | 12a USUAL OCCUPAT | ON OF WORKING LIFE) | 126 KIND OF | F BUSINESS OR |
| 71 | TA | KOMA PARK | WAShi | nator | Adv. | entist tosp | MERCHANT | | GROCE | ERY |
| | USU / | AL RESIDENCE (IF NURSING HOME O | ROTHER INSTITUTION | GIVESIDENCE BEFOR | RE ADMISSION) | 136 INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | |
| 35 | MA | | GOMERY | SILVER S | | YES X NO | 1401 BLA | IR MIL | L ROAD | |
| | | THER'S NAME | WIDDLE | | | 15 MOTHER'S MAIDEN N | IAME | 17 | | |
| 50 | | ISADOR | WIDDLE | ARENSON | | FANNIE | , MIDDLE | 10 | (UNKNO | OWN) |
| 1 | 160 V | VAS DECEASED EVER IN U.S. AF | | 16b. SOCIAL SECU | URITY NO. | 17 INFORMANT | ADDR | ESS9203 | MUSKOG | |
| 1 | | res, no or unknown) (if yes, giv | E WAR OR DATES) | 577-18-6 | 6820-D | MAXINE ROTT | | | | ARYLAND |
| | | 18 CAUSE OF DEATH (Enter of | alu one cause ner | | | CO O | O CHAOTTE | NUCL | | MATE INTERVAL |
| | | PART I. DEATH WAS CAUSE | D BY | 50 | ntic | Morla - | 2 Sontios | 21110 | BEIWEENO | NSEI AND DEATH |
| | | LININ IMMEDIA | TE CAUSE (0) | 04 | 7 | 0000000 | 0 | i | 1,00 | |
| | | 5070 | DUE TO, O | R AS A CONSEQU | ENCEOF | in ation | Preuni | Mia | 7-10 | |
| | | Conditions, if any, which gove rise to immediate | (b)_ | | 1 | ordavan | | | | |
| | | couse 101, stating the underlying cause lost | DUE TO, O | R AS A CONSEOU | ENCE OF | | | | 177 | |
| | | DADI 2 OTUSD SIGNISICANI | (c) | ON IT DID IT IN IC ACO | DEATH BUT | NOT BELLIEF TO THE TEL | DUNIU DISSUSS OD SOL | DITION LONG | 1010107 | |
| | N | PART 2 OTHER SIGNIFICANT | CONDITIONS | ONTRIBUTING | AA O | NOT RELATED TO THE TEL | RMINAL DISEASE OR CON | DITION GIVE | VIN PART 10 | |
| - | CERTIFICATION | 19g DATE OF OPERATION | 19b COND | ITION FOR WHICH | OPERATION | N WAS PERFORMED | 20a AUTOPSY? | 20h JE YES | WERE FINDIN | GSTISED |
| 2 | FIC, | THE DATE OF CITEMATION | 170 CO140 | THO TO WITHE | OFERATIO | THAT EN OWNED | | IN CERTIFY! | ING CAUSES | OF DEATH? |
| - | ERT | 210. ACCIDENT WAS UNDERLYING | 7 216. TIME O | E INTURY | | 21/ HOW IN HIPV OCCI | JRRED (ENTER NATURE OF INJU | YES YES | | NO [] |
| 1 | | OR CONTRIBUTING CAUSE OF DE | | M. MONTH D | AY YEAR | THE TIO W INJUNT OCCU | DIKED TENIER NATURE OF INJU | RT IN HEM ID, FAR | I I OKPARI 2) | |
| 194 | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | | | 19 | 21f LOCATION | | | | |
| | MED | | 21¢ PLACE (AT HOME, ST | REET, FACTORY, OFFICE, | FARM, ETC.) | STREET | CITY OR TO | WN | COUNTY | STATE |
| | | AT WORK AT WORK | | | 1013 | 00 | 71 | 4-16 | 79 | |
| | | 22a. I certify that (I) (thus hasp saw the deceased alive ar | Hal) attended th | e deceased from | 19 6 | | , to | | | hot (I) (we) lost |
| | | obove (1) (we) (did no | | | ` | | on death occurred on the d | ote and hour o | | |
| | | 226. SIGNATURE | f1 / | | | DEGREE ATTENDING | MEDICAL STA | EE | 22c_DATES | IGNED |
| Щ | | Julopeo | P-6 | ref | 1 | PHYSICIAN | | | 11/1 | 17 |
| | | 224 PHYSICIAN'S NAME (TYPE C | OR PRINT) | 11/ | | 220. ADDRESS 831 | Unix Ble | 8 8 | #24 | 0.0 |
| | | ANTONIO | 9.0 | 4 100 | | Silve | n spra. | Mho | 00 | 700 |
| -0 | 23a. 8 | BURIAL, CREMATION, REMOVAL | | | | EMETERY OR CREMATOR | | | оциту | TO SIME . |
| | | BURIAL | 7/2/1 | | NG DAV | ID MEMORIAL | | LS CHUR | | IRGINIA |
| | 24 FL | INERAL DIRECTO DONALD | M. STEI | N HEBREW | | TIVE 1 4114 | ATE REC'D. BY REGISTRAR | 256 ALGISTR | AR'S IGNATI | JRE |
| | | 232 CARROLL | STREET, | N.W., W. | ASHING | TON, D. CJL | JL 5 19/9 | 7 | 7 | |

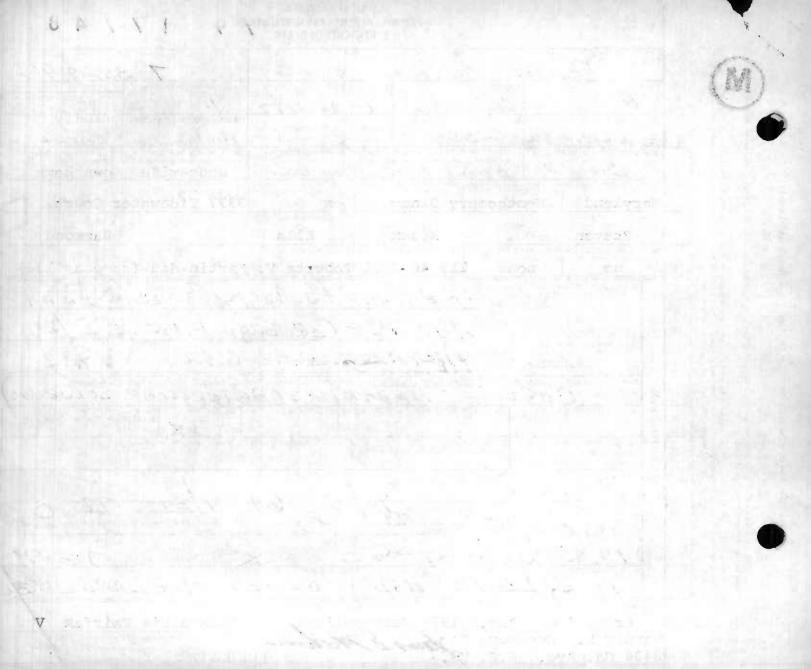
DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) XX Winifred G. Bowie July 2, 1979 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR 10/1/1889 YEAR Female Caucasian To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED D.C. Montgomery. WIDOWEDXX DIVORCED [] IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR University Nursing Home INDUSTRY Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS #1 McKay Circle Maryland Cabin John YESX Montgomery 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Bartlett Scott Andrew G. Mary 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 577-24-7335D No Gertrude B. Kidwell, same as #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for IO), (b) and IC PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) schemic whor Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DIVISION OF VITAL RECORDS, NOIX 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from above the successed give on the body offer death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNAPORE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 7/2/79 should be detained with the State PHYSICIAN 22d PHYSICIAN'S NAME CTYPE OF PRINT 22e ADDRESS Mary land 10620 Georgia Avenue Silver Spring George S. Kenton, M.D. 23g. BURIAL CREMATION REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 7/5/79 Cedar Hill Cemetery Suitland Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAN 256 RE DHMH - 16 50M 1/76 HOMES. P.A. BETHESDA, MARYLAND (VR A 15 (4))

erit indicated the desirable to be that , TEMPEDIS ON THE RESERVE THE PROPERTY OF TH Management to the American Management of the Control of the Contro

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-HELEN DEATH MATED 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD TO BIRTHPLACE (STATE O WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS OR INDUSTRY Homomake HOME BE DIVISION OF VITAL RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY 13d. INSIDE CAT LIMITS? 13e STREET ADDRESS (MY THER STSING. YES NO QUINEE () 15024 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LIVESAY MALENA LEAMAN AND KEE 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-34-5779 HELEN LOUISE BOWLING (SAME AS 13e) NO 18. CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DOSE ACU IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, if any, which ION, OR REMOVE ESSION gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). HEALTH A CERTIFICATION THANOLISM 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES [] NO 4 BE 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT WORK NOT WHILE 2mc DIRECTOR: F. WITH THE ST 220. I certify that I toak charge all the remains described above, held an Autopsy and in my opinion Suicide 4 death resulted from Undetermined manner VILE (SPECIFY) TO FUNERAL DAFTER DEATH, BALTIMORE, MA EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY METROPOLITAN CREMATORY VIRGINIA BP FATRFAX CREMATTON TISE REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** 1979 (VR A15 ME (5)) MD. 15M7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 26 HOUR MONTH (TYPE OR PRINT) RANCES 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR FUNDER 24 HRS MONTH YEAR TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED COUNTRY) MARRIED L WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife own home GROVC W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3377 Tidewater Court Maryland Olney Montgomer tely 2 sh 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Ella Steven Hammond Essex ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 115-46-2871 Roberta V. Martin-dau-(same as no none APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and PART I. DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate couse (a), stoting the SOLOPOTIC C. VID underlying couse DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION ARTERIOLAR-SCLEROS prior 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be YES NO [Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH Mentol (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITYON TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE I's I certify that III hospital) attended the deceased from (pur) opinion death accurred on the date and hour and from the causes stated MPORTANT; If hem DEGREE 22c. DATE SIGNED. MEDICAL ATTENDING. DIRECTOR PHYSICIAN 77e. ADDRESS should be with the S 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN Aug.1.1979 Metropolitan Va. Cremation Alexandria Fairfax 25e. DATE RE Pumphrey, Inc DHMH - 16 60M 7/73 (VRA 15 (4)) 8434 Ga. Ave., S.S.



FOR - STATE

| STATE | OF | MARYLAND | |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENT
CERTIFICATE OF DEATH

7 7 4 9

| 1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY VI (TYPE OR PRINT) Charles M- Brown 7-13 | |
|---|---|
| | EAR 2b. HOUR |
| C. 12. 323 | 79 125 |
| 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS A MONTHS | DAYS HOURS MI |
| Male White 10 17 1887 91 8XX2 YRS | |
| TO BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) A COUNTRY? A MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNTY OF DEA | тн |
| New York USA WIDOWED DIVORCED Montgomery | |
| 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (17 PE OF WORK FOR MOST OF WORKING LIFE) INDU | IND OF BUSINESS |
| Takoma Park Washington Adventist Hospital Examiner F | .T.C. |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS | |
| Maryland Pr. Geo. College Park YES NO 6100 Westchester Dr | ive |
| 14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE 15. MOTHER'S MAIDEN NAME | LAST |
| | hea |
| 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT WIFE ADDRESS | |
| No 216-40-7112 Beulah E. Brown same as 13e | |
| 18 CAUSE OF DEATH (Enter only one couse per line form), (b), and (c) PART I, DEATH WAS CAUSED BY | APPROXIMATE INTERVAL TWEEN ONSET AND DEA |
| IMMEDIATE CAUSE (a) Indumanea | Richarda |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DATE OF OPERATION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DEATH DATE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN THE TERMINAL DISEASE OR CONDITION GIVEN IN THE TERMINAL DISEASE OR CONDITION GIVEN | AV BOLL |
| YES NO YES YES | AUSES OF DEATH? |
| | ART 2) |
| 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION | PV |
| WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUN | ITY STATE |
| 220.1 certify that (I) (this haspital) attended the deceased from 1963, to Jeel 13 197 | , that (I) (we) |
| sow the deceased alive an | m the causes stated |
| | DATE SIGNED |
| The Signature Degree Inc. | DATE SIGNAD |
| | 113/79 |
| DEGREE ATTENDING MEDICAL STAFF | 113/79 |
| DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7 | 113/79 |
| DEGREE ATTENDING MEDICAL STAFF PHYSICIAN & DIRECTOR PHYSICIAN 7 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ALAN R.Galy MD 320. RUPIAL CREMATION, REMOVAL 122. DATE 124. NAME OF CEMETERY OR CREMATION. | 113/79 0,100 |
| DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | 113/79 D. No. 199 meru Md. |
| DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | 113/79 1141 |

DHMH - 16 50M 1/76 (VR A 15 (4))

10 New York 11SA 11SA 11SA Tahama Pash - Mashington Advincted Pashing - Francisch - H.T.C. latgiani Tr. Pec. College Park 1100 Vestelester origin Sintiches Charles State Hour 216-40-7110 Benick E. Brown see es 13c Francis I. Collins 1501 Briversity Study, ... Situer Sching, Ill.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, parshould be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after diwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

injury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shaws ony

74 FUNERAL DIRECTOR JOHN T. RHINES AD 3015 12th Street, N. E.

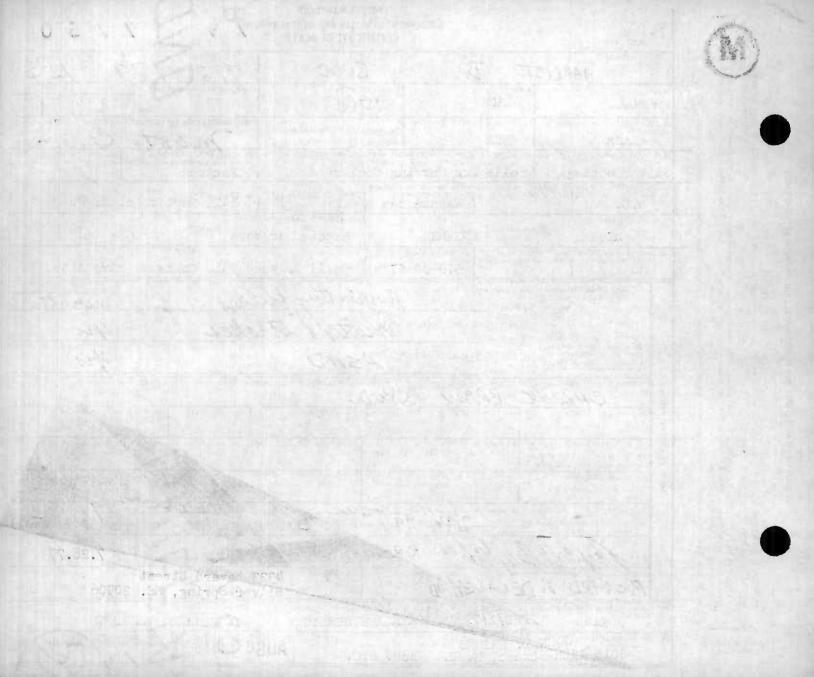
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENEY

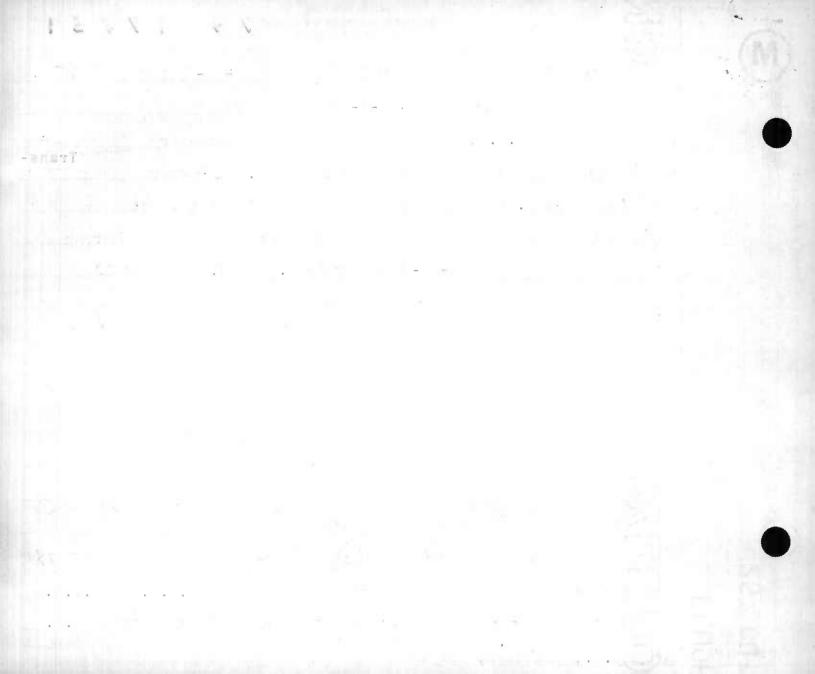
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| | REGISTRAR | | CEKI | IFICATE OF DEATH | REG. N | 0. | | | |
|----|--|---|---|--------------------------------|--------------------------------|-----------------------|------------|----------------------------------|----|
| | 1. DECEASED NAME FIRST | \ A | NIDDLE | LAST | 20. DATE OF DEATH | | YEAR | 26 HOUR > | _ |
| | (TYPE OR PRINT) HARRIE | IT T | 3. | RUDD | 17/28 | 179 | | 1233 | |
| | | RACE | 5 DATE | OF BIRTH | 6. AGE (IN YEARS LAST BIR | MONTE PER | DER 1 YEAR | IF UNDER 24 HRS | M |
| | FEMALE | BLACK | | 17/01DAY YEAR | 78 | YRS | | HOURS MIN | |
| Ą. | 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | b CITIZEN OF | WHAT COUNTRY? 8 | IED NEVER MARRIED | 9 BALTIMORE CITY | R COUNTY OF | DEATH | | |
| / | ALABAMA | USA | WIDOV | 37 | mo | xt. | Co. | м | D. |
| 1 | The second secon | AF NOT IN SUCI | IOSPITAL, NURSING HOME HFACILITY, GIVE STREET ADDRESS) | | 128. USUAL OCCUPAT | | 26. KIND C | OF BUSINESS OF | R |
| | Silver Spring USUAL RESIDENCE IF NURSING HOME OF | | re Nursing C | | Retired | | | | _ |
| 7 | D.C. | | 13c CITY OR TOWN Washington | 13d. INSIDE CITY LIMITS? | 13. SIREEI ADDRESS 1421 Tay | lor St. | N. W | • | |
| 1 | 14 FATHER'S NAME FIRST M | IDDLE | LAST | 15. MOTHER'S MAIDEN NA | ► MIDDLE | 1 | LAS | ST. | |
| | REUBEN | BE | ENJAMIN | Hattie Harg | | | | | |
| 2 | 160. WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE | NED FORCES? | 166 SOCIAL SECURITY NO. | 17 INFORMANT | ADDRE | | | | |
| | No | | 579-50-4778 | David B. Bu | dd-7818 Oak | lawn Dri | ve A | lex. Va | |
| | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED | y one couse per | line for (o), (b), and (c) | 10=1-1 | 0. | | BETWEEN | MATE INTERVAL ONSET AND DEATH | |
| | IMMEDIATI | CAUSE (0) | Res | spiratory fai | eur | | men | utes | |
| | 4140 | DUE TO, OF | AS A CONSEQUENCE | with all it. | ekes | | 11. | | |
| | Conditions, if ony, which gove rise to immediate | (b) | UM | mengu sur | exies | | yu | | _ |
| | couse io), stoting the | DUE TO, OF | AS A CONSEQUENCE OF | 1047 | | | 11/2 1 | | |
| | underlying couse lost. | (c) | | PSHO | | | yes | • | |
| | PART 2. OTHER SIGNIFICANT CO | ONDITIONS CO | AW CYN | IT NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN I | V PART 11 | 0) | |
| 1 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDI | TION FOR WHICH OPERATI | ON WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WE | RE FINDIN | NGS USED | _ |
| | | | | | YES NO | YES [| CAUSES | NO [| |
| 1 | 210. ACCIDENT WAS UNDERLYING | 216 TIME OF | FINJURY M. MONTH DAY YEA | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUI | RY IN ITEM 18, PART 1 | OR PART 2] | | |
| | OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | H 1100K A. | | | | | | | |
| | OK CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | 21e. PLACE C | OF INJURY EET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | WN C | OUNTY | STATE | |
| | WHILE NOT WHILE AT WORK | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | | | | | | |
| | 22a.1 certify that (I) (this hospital | ol) oftended the | | are 1978 | | 6 19 | 79. | that (I) (we) los | st |
| | sow the deceased alive on above, (1) (we) (did) (alid not | view the body | 7/26 19 79 V | and that in (my) (our) opinion | death occurred on the d | ote and hour and | from the | couses stoted | |
| ì | 278. SIGNATURE | 2 lu | FOR R. BEL | DEGREE | Lucascu con | | 22c. DATE | | |
| | 111111111111111111111111111111111111111 | deple | TOIC K. BELL | | MEDICAL STA | | 7.28 | 3.79 | Ш |
| 1 | 270. PHYSICIAN'S NAME (TYPEOR | | 4/4 | | 3 Havard St | | | | |
| | KICHAKO POL | ELAU | ET, MD | Sil | lver Spring, | Md. 209 | 906 | | |
| | 23a. BURIAL, CREMATION, REMOVAL | 23b. DATE 8/1/7 | | CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COU | NTY | STATE | |
| | BURLAL | | | N CEMETERY | ROCKVILLE | , MARYLA | ND | | |
| | 3015 12th St | T. RHIN | ES ADDRESS | 25g. DAT | TE REC'B. BY REGISTRAR | 256 REGISTRAR | SAIGNAT | URE | |
| | 3015 17th St | root M | E Wach I | ואוטונ | 10000 | | | 6/1 | |

Wash. D.C.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))





FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| Ang | | 1112 | 58 | 10.70 | |
|-----|-----|------|----|-------|---|
| 1 | | | / | 2 | |
| • | | | | - | - |
| DEC | NIO | | | | |

| | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO | 5 . | | - |
|----|-------------------------------|--|---|------------|-----------------------------|---------------------------------------|---------------|--------------------------------|----------------------------------|
| | 1. DECEASED NAME F | IRST | MIDDLE | ı | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| V. | FRIE | DA | Е | BUTLE | R | JU | LY 4, | 1979 | 11 A. M |
| Ď | 3. SEX | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIRT | HDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| | Female | Gauca | sian | Dec. | | 73 | YRS. | MONTHS DAYS | HOURS MIN |
| | To BIRTHPLACE (STATE OR FOREM | GN 76 CITIZEN OF | WHAT COUNTRY? | AA A DDIE! | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNT | Y OF DEATH | |
| 1 | Russia | USA | | WIDOWE | | Montgomer | y Cot | inty | MD. |
| - | Chevy Chase | (IF NOT IN SUC | HOSPITAL, NURSING CHEACILITY, GIVE STREET AD Willard AV | DRESS) | rother institution apt. 835 | (TYPE OF WORK FOR MOST O Housewife | | | OF BUSINESS OR |
| 5 | | HOME OR OTHER INSTITUTION COUNTY Montgomery | GIVE RESIDENCE BEFORE ALL 136 CITY OR TOWN Chevy Cha | | 134 INSIDE CITY LIMITS? | 134 STREET ADDRESS 4701 Willa | rd Av | re. Apt. | 835 |
| | 14 FATHER'S NAME | WIDDLE | LAST | 10 | 15. MOTHER'S MAIDEN NAM | ME ANDDLE | | / ŁAS | |
| 9 | Jacob | | Cosman | | Sarah | MIDDLE | | | piro |
| | 160: WAS DECEASED EVER IN | U.S. ARMED FORCES? YES, GIVE WAR OR DATES! | 166 SOCIAL SECURI | ITY NO. | 17 INFORMANT | ADDRE | SS | | |
| | No | | 578-46-33 | 334D | Norton Butler | , 11800 Fal | 1s Rd | . Potom | nac, Md. |
| | 18 CAUSE OF DEATH | | line for (a), (b), and i | ic i | | | 7 | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | PART I. DEATH WAS | MEDIATE CAUSE (a) | Pneumon | ia | | | | day | S |
| i | 7486- | DUE TO, O | R AS A CONSEQUEN | ICE OF | | | | | |
| | Conditions, if any, w | | | | | | | | |
| | gave rise to immed | the DUE TO. O | R AS A CONSEQUEN | ICE OF | | | | | |
| | underlying cause | (c) | | | | | | | |
| | | CANT CONDITIONS CO | ONTRIBUTING TO DE | ATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIV | VEN IN PART TO | 01 |
| | 10 K | | d Arthriti | | | | | | |
| 1 | Y In DATE OF OPERATION | N 196 COND | ITION FOR WHICH O | PERATIO | N WAS PERFORMED | 20a AUTOPSY? | | S, WERE FINDIN FYING CAUSES | |
| | 190 DATE OF OPERATION | YING 7 21b. TIME O | E INTUINA | | 131. 11014 114 112 112 113 | YES NO X | | ES 🗌 | NO 🗌 |
| - | CO CONTRIBUTION CONTRI | SE OF DEATH HOUR A. | M. MONTH DAY | YEAR | 21c HOW INJURY OCCURR | (ED (ENTER NATURE OF INJUR | Y IN ITEM 18, | PART 1 OR PART 2) | |
| | (IF EITHER, NOTIFY MEDICAL EX | 21e. PLACE | | 10000 | 21f. LOCATION STREET | CITY OR TOW | N | COUNTY | STATE |

220.1 certify that (1) (this haspital) attended the deceased from saw the deceased plive on _ obove, (1) (was) (did) (did)

DEGREE

19 79

ATTENDING PHYSICIAN

Pike

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Irwin H. Ardam M. D.

23b. DATE

Danzansky-Goldberg, Inc. 1170 Rockville,

22e ADDRESS

5454 Wisconsin Ave Washington, D. C. 23c NAME OF CEMETERY OR CREMATORY

July 4

and that in (my) (a) apinion death occurred on the date and hour and from the causes stated

23a BURIAL, CREMATION, REMOVAL

should be detached far use as with the State Dept. af Health

MPORTANT: If them 21 is

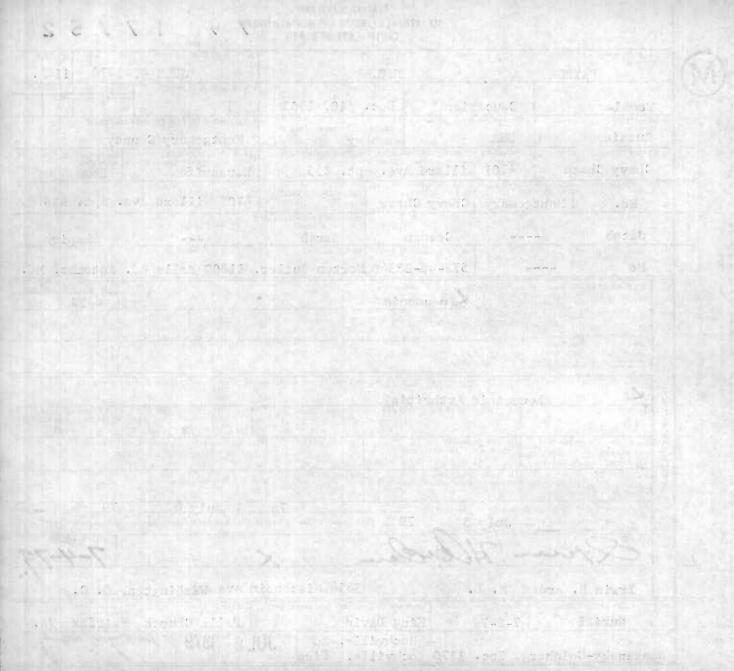
24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

Buria1 7-6-79

King David ADDRESS Rockville, Md 23d LOCATION Falls Church Fairfax

STATE Va.

BY RIGISTON 256. RECEIPTION OF THE FULL



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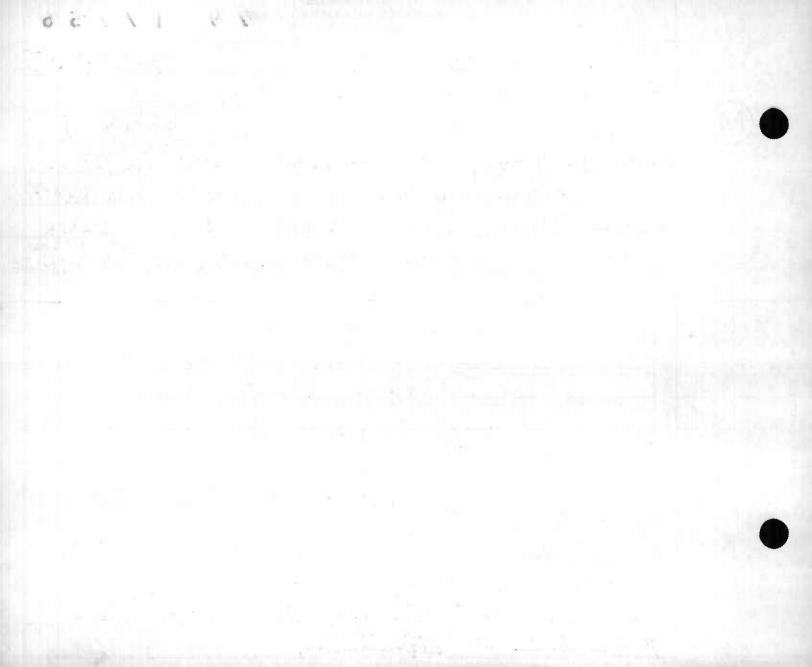
| 1 | | FOR STATE REGISTRAR | | | | CERTIF | E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH | REG. N | | 7 5 | 4 |
|---|-----------------------|--|--|----------------------------|--|------------------------------------|--|---|---|--|---------------------------------------|
| 1) | | CEASED NAME OR PRINT) | EIRST | | AIDDLE | | LAST | 20 DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| / | | | Fran | | McHugh | | rberry | July 19. | 1979 | | 8.30 |
| | 3. SE. | | 4 | RACE | | 5 DATE C | H DAY YEAR | 6 AGE (IN YEARS LAST 8H | THDAY] IF U | INDER I YEAR | HOURS MIN |
| | | Female | | Cauca | | Oct | . 13, 1915 | 63 | YRS | 054711 | |
| 47 | 0 | RTHPLACE STATE OR FO | | US | MHAT COUNTRY? | MARRIE | D NEVER MARRIED D | Montgon Montgon | | DEATH | ٨ |
| 00 | | ity or town of DEA ethesda | ATH 1 | UF NOT INSUCT | HOSPITAL, NURSIN HEACILITY, GIVE STREET, Allen R | G HOME (| OR OTHER INSTITUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Vice Pre | OF WORKING LIFE | INDUSTRY | hing (|
| 35 | 130 M | al residence (if nurs state aryland | 13b COUNT | î.Y | GIVE RESIDENCE BEFORE 1130 CITY OR TOW Bethes | N | 13d INSIDE CITY LIMITS? YES X NO _ | 13e STREET ADDRESS 5023 All | en Roa | 1 | |
| SZ | 14. F# | Martin | MI | IDDLE MC | Hugh | | Ann | ME & MIDDLE | Con | nell | 57 |
| 1 | 160. V | NAS DECEASED EVER YES, NO OR UNKNOWN) | | MED FORCES? | 166 SOCIAL SECU 578-14- | | Stephen C | 523 arberry | 7 ^s West Bethes | path | Way |
| | | gove rise to imp | nediate | 1 | 7/1/ | | scular de | elase | 2 | 10 | 1 |
| | TION | | lost NIFICANT CO | Ic) ONDITIONS <u>CO</u> | | DEATH BUT | NOT RELATED TO THE TERM | ese hypera | EULION GIVEN | | year |
| 2 | TIFICATION | couse o), stotin underlying couse PART 2. OTHER SIGN 190 DATE OF OPERA | nificant co | (c) | DIVITAL DIVITION FOR WHICH | DEATH BUT | mis & seve | ex hyper | tenios | ERE FINDI | Year NGS USED OF DEATH? NO |
| 29 | CAL CERTIFICATION | couse (o), stotin underlying couse PART 2. OTHER SIGN | IG THE LOST NIFICANT CO | 196 CONDI | DYLLIAS DYTRIBUTING TO E TION FOR WHICH FINJURY M. MONTH DA | DEATH BUT | NOT RELATED TO THE TERM | 200 AUTOPSY? YES \(\text{NO\Left} \) | 20b. IF YES, WIN CERTIFYIN | VERE FINDII IG CAUSES | OF DEATH? |
| | MEDICAL CERTIFICATION | Couse o), stoting underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNK OR CONTRIBUTING | TION DERLYING CAUSE OF DEAT AL EXAMINER) HILE COMMENTS. | 19b CONDITIONS CO | DITRIBUTING TO E TION FOR WHICH FINJURY M. MONTH DA M. | OPERATION YEAR | NOT RELATED TO THE TERM | 200 AUTOPSY? YES \(\text{NO\Left} \) | 20b. IF YES, WIN CERTIFYIN YES | VERE FINDII IG CAUSES | OF DEATH? |
| 29 | | PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNIC OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR | TION DERLYING CAUSE OF DEAT AL EXAMINER) RED (this hospite ed olive on did) (did not) | 196 CONDITIONS CO | DITRIBUTING TO E TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY BET, FACTORY, OFFICE, F | OPERATION AY YEAR 19 ARM, ETC.) | NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR | 200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJURE) CITY OR TO deoth occurred on the company of | 20b. IF YES, WIN CERTIFYIN YES URY IN ITEM 18, PART | ERE FINDING CAUSES 1 OR PART 2) COUNTY | STATE that (i) (we) |
| 29 | | COUSE O.). stoting underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA: 21a. ACCIDENT WAS UNIC OR CONTRIBUTING (IF EITHER, NOTEY MEDIC 21d. INJURY OCCURR WHILE NOTEY MEDIC 22a.1 certify that (I) sow the decease obove. (I) (we) (C 22b. SIGNATURE 22d. PHYSICIAN'S NA 22d. PHYSICIAN'S NA | TION DERLYING CAUSE OF DEAT AL EXAMINER) RED (this hospitoed olive on did) (did not) AME (TYPE OR I | 19b CONDITIONS CO | DITRIBUTING TO E TION FOR WHICH FINJURY M. MONTH D. M. OF INJURY RET, FACTORY, OFFICE, F deceosed from 19 ofter/deoth. | OPERATION AY YEAR 19 ARM, ETC.) | NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET . 19 . 1 | 200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJURE) CITY OR TO deoth occurred on the company of | 20b. IF YES, WIN CERTIFYIN YES UNITED 18, PART | COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY | STATE that (i) (we) le couses stated |
| IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other | WEDICAL WEDICAL | Couse o), stotin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA: 21a, ACCIDENT WAS UNIC OR CONTRIBUTING (IF EITHER, NOTEY MEDIC) 21d INJURY OCCURR WHILE NOTEY MEDIC 22a.1 certify that (I) sow the decease obove, (I) (we) (C 22b. SIGNATURE) 22d. PHYSICIAN'S NA | TION DERLYING CAUSE OF DEAT AL EXAMINER) RED (this hospite ed olive on did) (did not) AME (TYPE OR I | 19b CONDITIONS CO | DITRIBUTING TO E TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY RET, FACTORY, OFFICE, F Ofter/deoth. 1236. | OPERATIO AY YEAR 19 ARM, ETC.) | NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET . 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS | 200 AUTOPSY? YES NOW CITY OR TO death occurred on the of MEDICAL STA DIRECTOR PHYSI 23d. LOCATION CITY OR TOWN | 20b. IF YES, WIN CERTIFYIN YES UNITED 18, PART | COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY | STA that (i) (w couses sto SIGNED |

74 FUNERAL DIRECTOR
W. W. Chambers Co., Silver Spring, Md



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STATE OF MARYLAND



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STATE OF MARYLAND

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| DEC. NO | 0 | 1 | | | |

| Y | 1 - | STATE REGISTRAR | | | DEPART | | ICATE OF DEAT | | 1 7 | EG. NO. | 7 / 5 | 8 | ш |
|----|-----------------------|--|--|--|--|--|---|--------------------------------|---|---|-----------------------|-------------------------|-----------|
| , | | CEASED NAME OR PRINT) | SHAU/I | =R | C. | CAR | AST | | 2a. DATE OF DE | | DAY YEAR - 79 | 2b HC | UR 15 |
| | 3. SE) | MALE | 4 F | WHI: | TE | S. DATE C | | YEAR | 6. AGE (IN YEARS) | AST BIRTHDAY) 67 YRS | MONTHS DAYS | | ER 24 HRS |
| 70 | CC | RTHPLACE ISTATE OR F DUNTRY) NORTH CARC | DLINA | и. | WHAT COUNTRY? | WIDOWE | | CED [] | Mon. | TOBECOUNTY OF COUNTY | | | MD. |
| 08 | Sil | LUER SPI | eina | HOLY | H FACILITY GIVE STREET | ADDRESS) | SpitaL | ION | 12a USUAL OCC (TYPE OF WORK FOR GLA | MOST OF WORKING | 126. KIND INDUSTRY | | NESS OR |
| 36 | 13a. S | AL RESIDENCE WHUR STATE MARYLAND STHER'S NAME | 13b. COUNTY MONTGO | | UHEATON | /N | 134 INSIDE CITY LI YEXX NO 15. MOTHER'S MAI | | | RESS SHOREF | IELD ROA | 10 | |
| 50 | | FIRST I VAS DECEASED EVER | C. MIDE | | CARTER 166 SOCIAL/SECU | IBITY NO | FIRST IV. INFORMANT | | y MI | ADDRESS | SHAVER | AST | |
| 1 | | res, no or unknown | (IF YES, GIVE WA | | 579-07- | | MARIE | A. C | | SAME | | w | IFE |
| 29 | MEDICAL CERTIFICATION | 228.1 certify that (I sow the decease of the deceas | VAS CAUSED B IMMEDIATE C , which mediate medi | DUE TO, OH DUE TO | TAS ACONSEQUING TON FOR WHICH MANNEY DE NAJURY BET NACION OFFICE FOR THE PACTORY OFFICE FOR | ENCE OF DEATH BUT OF THE AT YEAR 19 OF | N WAS PERFORMED THE LOCATION THE LOCATION | OCCURR OCCURR Opinion of | 2 - 10 I AUTOPSV VES I NO ED TENTER HATURE OTT | THE CENT OF PROCESS OF THE CONTROL OF T | PEN IN PART I | NGS US S OF DE NO | ED ATH? |
| - | | 114 PHYSICIAN SIN | THE OR PRI | 1 | 11/ | 1 | ADDICESS | 82 | 155 L | 115 (| draw | 2 14 | VU |

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

FUNERAL DIRECTOR FRANCIS J. COLLINGRESS 500 UNIV BLVD. W. SILVER SPRING, MD. 24. FUNERAL DIRECTOR

23b. DATE

23a. BURIAL, CREMATION, REMOVAL

BURTAL

7/10/79 GATE HEAVEN 20901

23c. NAME OF CEMETERY OR CREMATOR

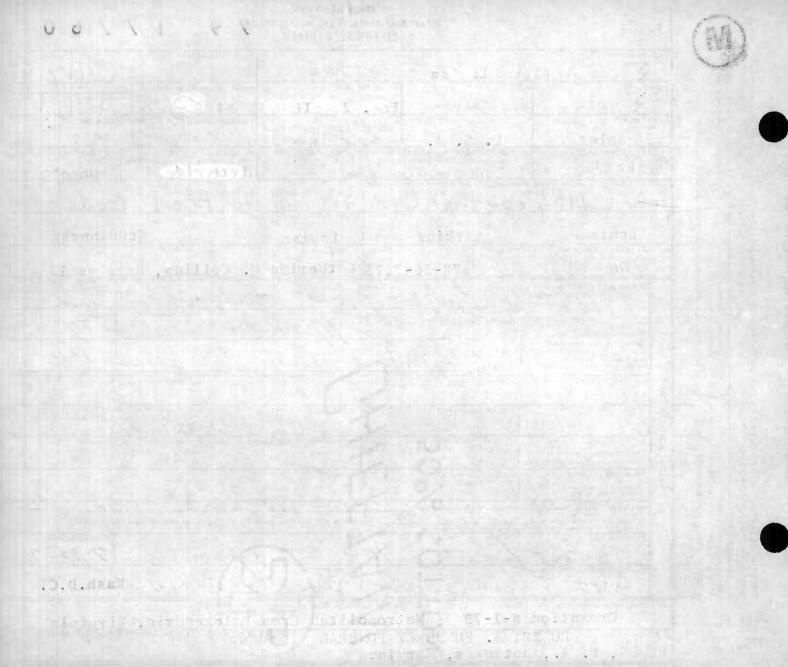
23d. LOCATION CITY OF TOWN JUL 11 1979

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| 1 | - | FOR STATE REGISTRAR |
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| | | REGISTRAR |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| O 61 | 0 | | | | |

| ' | - STATE REGISTRAR | | CERTIF | ICATE OF DEATH | REG. N | 10 | | |
|---------------|--|--|---|---------------------------------|--------------------------------|--------------------|-----------------|-------------------|
| | PECEASED NAME FIRST | WIDDLE | i | LAST | 20 DATE OF DEATH | MONTH DA | AY YEAR | 26 HOUR |
| 1 | Leola | В | Clo | oukey | July | 09, | 1979 | 2:17pM |
| 3. S | EX | 4 RACE S DATI | | OF BIRTH | 6 AGE (IN YEARS LAST BIR | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | female | le caucasian A | | ust 23 1898 | 80 | YRS | ONIHS DAYS | HOURS MIN |
| | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | TRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | |
| V | Irginia | U.S.A. | WIDOWE | | Montgome | ry Co | untv | WD |
| 10 | CITY OR TOWN OF DEATH | 11 NAME OF HOSPITAL, NO | JRSING HOME C | | 120 USUAL OCCUPAT | ION | 125. KIND C | OF BUSINESS OR |
| | ethesda | | val Med | dical Center | Housewif | | INDUSTRY | |
| 13a | STATE 131 CC | M - T | TOWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 6251 Old | Domini | on Dri | 1/0 |
| _ | FATHER'S NAME | rfax McLea | ** | 15_MOTHER'S MAIDEN NAM | | DOMITTIC | ווט ווכ | ve |
| | FIRST | MIDDLE LAST | | FIRST | WIDDLE | 1 | ŁA | ST |
| | William WAS DECEASED EVER IN U.S. | R. Ball | CECUPIEW | Alice | A ADDR | Dur | nstan | |
| 160 | | GIVE WAR OR DATEST | SECURITY NO. | 17 INFORMANT | | A+ 4. | ingto | |
| | No | 579 32 | 6305 | Louis Umlar | uf 3712 1 | 2th S | | |
| | 18 CAUSE OF DEATH Enter | only one couse per line for 101, 15 | or, and ic | 1 1 | 1 | | BETWEEN | ONSET AND DEATH |
| | PART I. DEATH WAS CAL | DIATE CAUSE (O) CECEL | ord vascu | ular Accide | nt | | 13-4 | days |
| | 4439 | DUE TO, OR AS A CONS | EQUENCE OF | | DOMEST L | | | |
| | Conditions, if ony, which | 0 ' | pheral | Vascular | Disease | | 100 | g-H |
| | gove rise to immediate | 10, | | 0 663 6 - 164 | | | | |
| | couse (o), stating the underlying couse lost | DUE TO, OR AS A CONS | EOUENCE OF | | | | | |
| | DADY O CYTUS CICALIFICAL | (c) | 70.05.1711.077 | | | | | |
| NO | Consos" | T CONDITIONS CONTRIBUTING | - CLU WCF | NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION GIVE | N IN PART II | 01 |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | . () 4 - | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, | WERE FINDI | NGS USED |
| FIC | | | | | V50 🗆 110 🖾 | IN CERTIFY | ING CAUSES | OF DEATH? |
| ERT | 210 ACCIDENT WAS UNDERLYING | 1 216. TIME OF INJURY | | 21c. HOW INJURY OCCURR | YES NO | YES | | NO 🗆 |
| | OR CONTRIBUTING CAUSE OF | | DAY YEAR | THE HOW HAJOR I OCCORN | LED TENTER MATORE OF INJU | INT IN HEM 18, PAR | RI I ORPARI 2] | |
| CA | (IF EITHER, NOTIFY MEDICAL EXAMIN | NER) P.M. | 19 | | | | | 1.44. |
| MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | FFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| ~ | AT WORK AT WORK | | , | | | | | |
| | 22a. I certify that (I/(this ha | ospital) attended the deceased fr | om July | 5 19 79 | toJuly (| 9 , 1 | 9 79 | that if (we) last |
| | | on JUTY 9 | 19_79_, or | nd that in (fry (our) opinion o | deoth occurred on the d | ote and hour | and from the | couses stated |
| | 226. SIGNATURE | Hotel the gody offer deoffi. | | DEGREE | | | 224 DATE | SIGNED |
| | Mis | 1 1 | 7.11 | ATTENDING | MEDICAL STA | | 1 | 10 1070 |
| ł | 22d. PHYSICIAN'S NAME (TYP | DE OD BBINITI | 1 mil | PHYSICIAN _ | DIRECTOR PHYSIC | CIANIX | July | 10,1979 |
| | | | | | | 191 | | |
| | CHRIS K. | FINTON | | National Nav | | Center | Bet | nesda.Md |
| 230 | BURIAL, CREMATION, REMOV | /AL 23b. DATE | | EMETERY OR CREMATORY | 23d. LOCATION | | COUNTY | STATE |
| | Cremation | July 11,79 | Metropo | | Alexand | ria, Vi | Lrginia | a , |
| 24 | FUNERAL DIRECTOR A | 1 XXLYUD ADDRES | 3901No | Fairfax 250. DATE | E REC'D. BY REGISTRAR | 25b. REGISTA | SEIGNA | DEL P |
| | Arlington | C Who was | s rlingtor | DI^{*} . | JOF 1 3 131 | p M | which ! | - Cuselly |

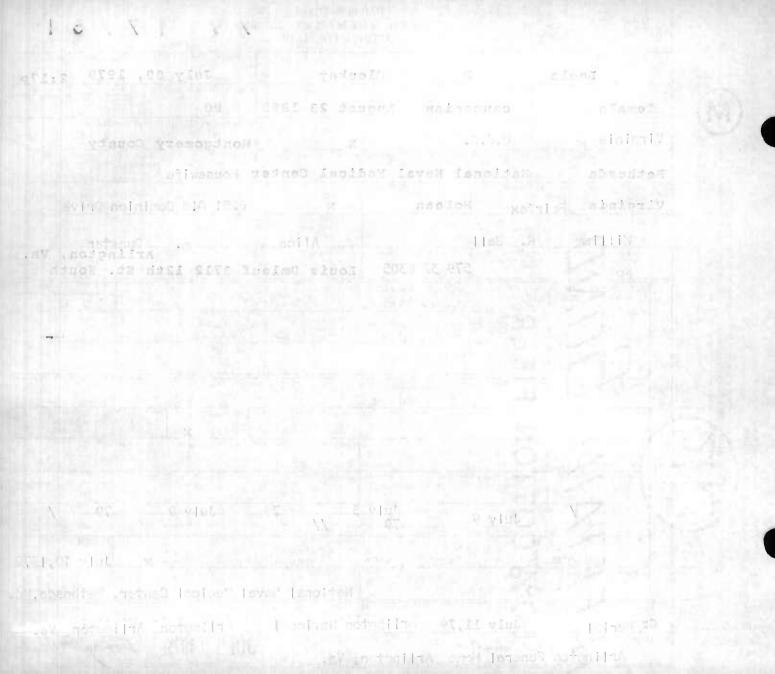
Arlington, Va.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

Arlington Funeral Home

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transif permit. Then please remove carbompopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN DECEASED NAME FIRST (TYPE OR PRINT) ESTI-OF DEATH MATED LeRov Cole 4. RACE DATE OF BIRTH . AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. DATE DAY LAST BIRTHDAY) PRONOUNCED Male Cau May 26, 1889 90 YRS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEAT WARRIED DEVERMARRIED E FOREIGN COUNTRY USA Iowa WIDOWED Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Silver Spring Electrican Holy Cross Hospital OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NEW BUFFALO NO [RFRRTEN 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE Charles Cole Johnson daughter 9807ARBOR HILL DR. 16b. SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) SIL. SPG. MD. 20903 No 370-16-6540 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) METWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF JRIAL-T lying couse lost. PART 2 DTHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES BURIAL 3 SHOULD BE DEPARTMENT 216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH S, 21e PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE NOT WHILE 220. I certify that I took charge of the remains described abave, held on Autopsy Inspection ond in my opinian PAGE A SHOULD BE TO FUNERAL DIRECTOR AFTER DEATH, WITH THE RALEMORE, MARYLAND, deoth resulted fram: Natural couses Homicide Undetermined monner TITLE (SPECIFY) SIGNATURE __MEDICAL EXAMINER ADDRESS 230.BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Va. Metropolitan Crematory Alexandria 24. FUNERAL DIRECTOR Francis J. Collins DHMH - 17 (VR A15 ME (5)) 500 University Blvd., W. Silver Spring, Md.

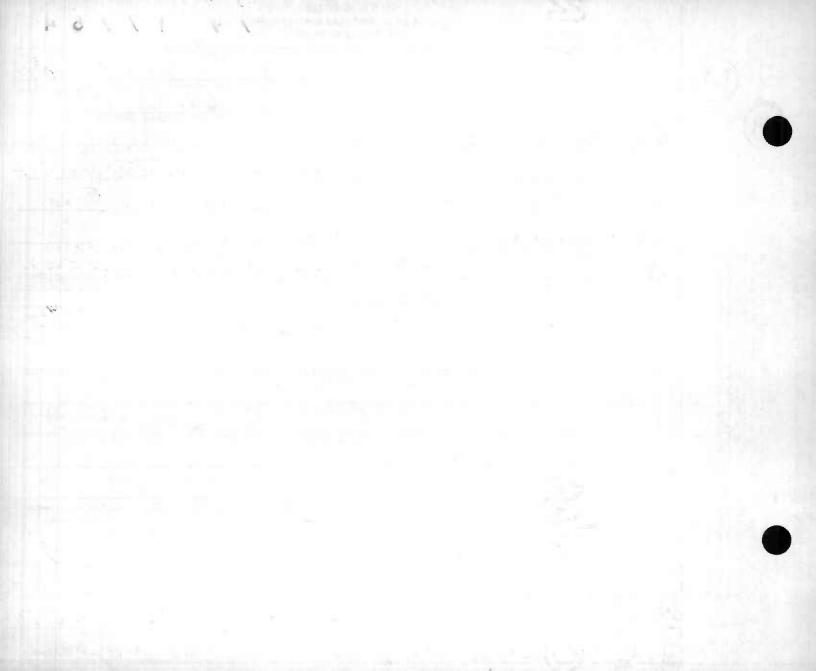
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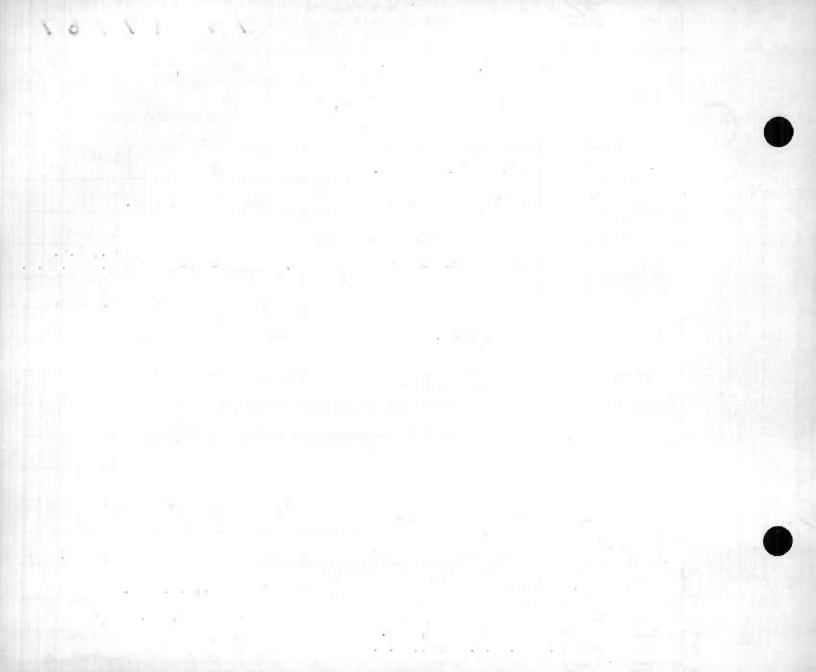
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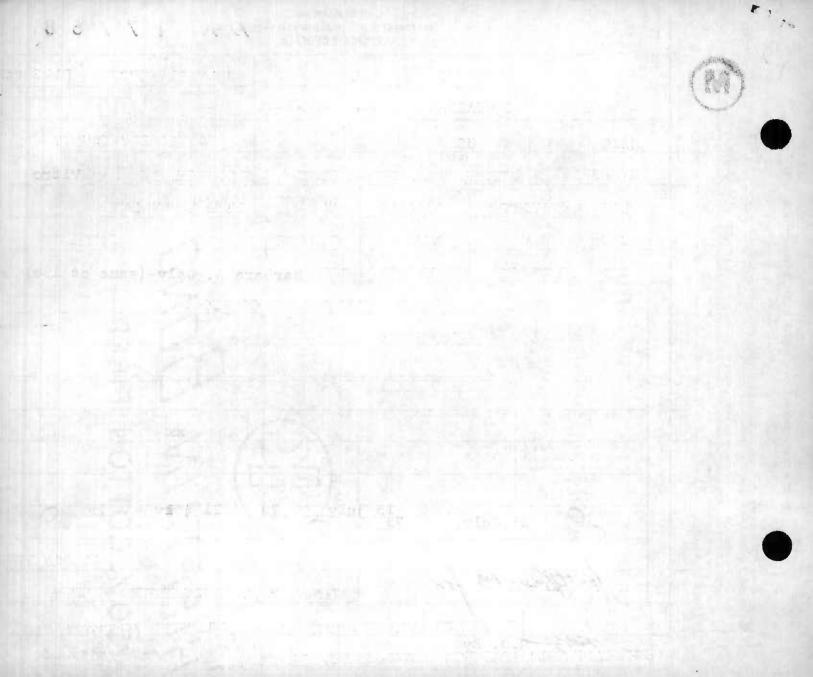
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7601 Sandy Spring Rd. Laurel Md.

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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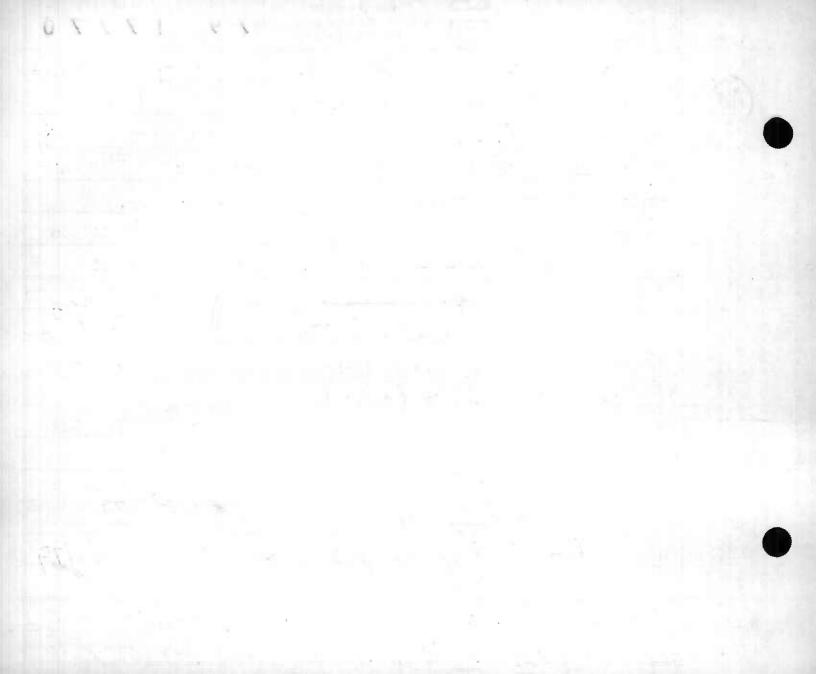
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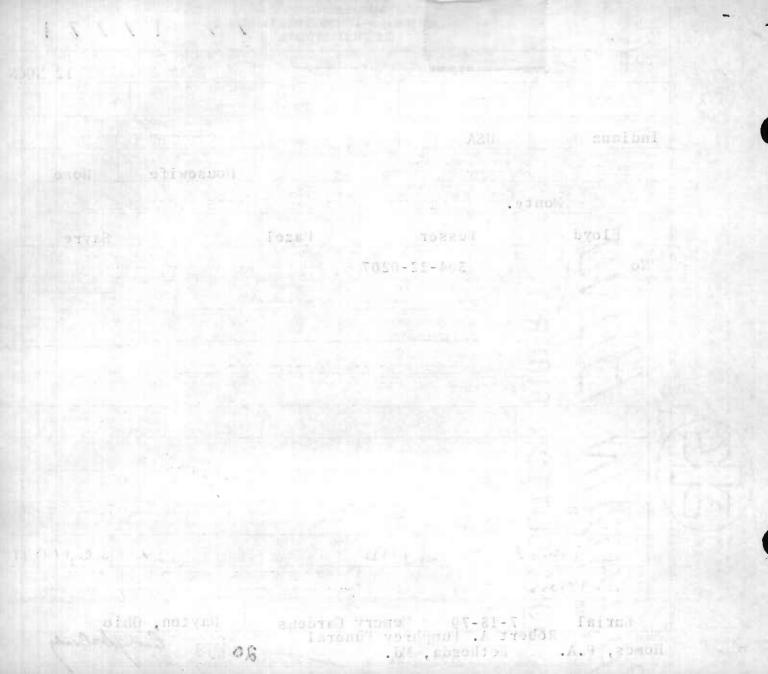
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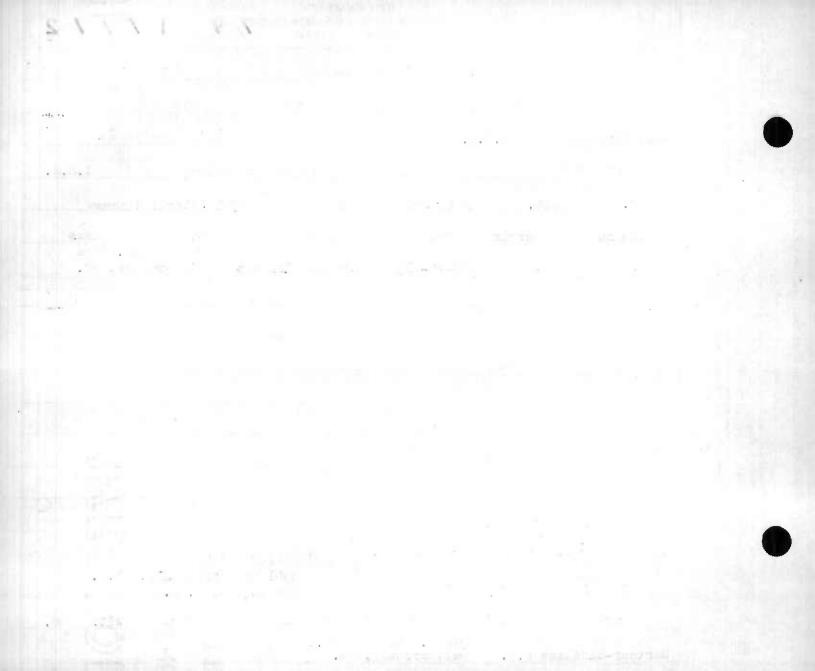
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| 1/76 | 24 FU | DNERAL DIRECTOR ROTOMES, P.A. | pert A. | Pumphr hesda. M | ey F | uneral 25a DAT | REC'D. BY REGISTRAR | 251 EGIST | RAR'S SUCRE | IRE |



STATE OF MARYLAND



should be detached for use on the burial-transity permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENJE

HYGIENE 9 1777

| male [HPLACE ISTATE OR FOREIGN INTRY] W YORK YOR TOWN OF DEATH Thesda RESIDENCE (IF NURSING MOME OR INTELLIGENCE OF NURSI | Caucasian To CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GWE STREET | 8 | F BIRTH | REG. NO. 20. DATE OF DEATH July 7, 6. AGE (IN YEARS LAST BIRTI 83 9. BALTIMORE CITY O | MONTH DAY 1979 HDAY) | YEAR UNDER I YEAR NTHS DAYS | 2b HOUR 3.37A M IF UNDER 24 HR5 HOURS MIN |
|--|--|--|---|--|--|--|---|
| Male [HPLACE STATE OR FOREIGN INTRY] W York YOR TOWN OF DEATH thesda RESIDENCE (IF NURSING MOME OR ATE 1875 COUNTY) | Caucasian To CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GWE STREET | 5. DATE C | J8, J895 | 6 AGE (IN YEARS LAST BIRTI | HDAY) IF | | IF UNDER 24 HRS |
| male [HPLACE ISTATE OR FOREIGN INTRY] W YORK YOR TOWN OF DEATH Thesda RESIDENCE (IF NURSING MOME OR INTELLIGENCE OF NURSI | Caucasian 76 CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GWE STREET | July 8 MARRIEI |]8,]895 | 83 | MOM | | |
| W York YOR TOWN OF DEATH thesda RESIDENCE (IF NURSING MAR OR ATE 1456 COUN | USA 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET | MARRIEI | | 9 BALTIMORE CITY O | TRO | | |
| Y OR TOWN OF DEATH thesda RESIDENCE (IF NURSING NOME OR ATE 135 COUN | 11. NAME OF HOSPITAL, NURSIN | WIDOWE | - 35 | THE STATE OF THE S | | | |
| ATE 186 COUN | bethesda Natlo | ADDRESS) | | Montgomery 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife | ON F WORKING LIFE) | 12b. KIND C | F BUSINESS OR Home |
| rginia Fair | in citi on ion | | YES NO | 13e STREET ADDRESS Carl Vinso | 6251 0 on Hall | ld Do | minion Drive |
| HER'S NAME FIRST | Rawson | | Annabelle | ΛĒ | Fr | eeman | |
| | WAR OR DATES) | | | rew | 1010 | | |
| Conditions, if ony, which gove rise to immediate couse los, stating the underlying cause lost | DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU (c) | Arres | | nal disease or cone | DITION GIVEN | | |
| 00 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIFYIN | IG CAUSES | |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) 1d. INJURY OCCURRED WHILE NOT WHILE | P.M. 21e. PLACE OF INJURY | 19 | 211. LOCATION STREET | ED (ENTER NATURE OF INJUR | Y IN ITEM 18, PART | | STATE |
| 20. L certify that A (this hospit saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGN | July 7) view the body ofter death. | 9, on | d that in (my) (our) opinion of DEGREE ATTENDING | "MEDICAL STAF | te and hour a | nd from the | |
| A 5 | S DECEASED EVER IN U.S. ARA NO OR UNKNOWN) (IF YES, GIVE B CAUSE OF DEATH IENter on PART I. DEATH WAS CAUSED IMMEDIATI Conditions, if ony, which gove rise to immediate couse 10', stofling the underlying cause lost ART 2. OTHER SIGNIFICANT C DATE OF OPERATION 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFETIMER, NOTIFY MEDICAL EXAMINER) 11d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 11d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 20. I certify that A (this hospit sow the deceased alive on above, (I) (we) did not deceased alive on above, (I) (we) deceased alive on above, (I) (we) deceased alive on above, (I) (we) deceased alive on above alive on ali | SDECEASED EVER IN U.S. ARMED FORCES? SDECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) B CAUSE OF DEATH LEnter only one couse per line for (o), (b), or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO) DUE TO, OR AS A CONSEOU Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEOU LC) ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEOU LC) ART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEOU LC) ART 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEOU LC) DUE TO, | S DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) S DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) ST9-62-5720 S CAUSE OF DEATH IEnter only one couse per line for (a), (b), and (c), PARTI. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF OUTION, stoting the underlying cause lost (c) ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 10c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 20c. I certify that (i) (this hospital) attended the deceased from JULY sow the deceased alive on JULY 7 19.79 on obove, (ii) (we'l' div) (did not) view the body ofter death. | Annabelle S DECEASED EVER IN U.S. ARMED FORCES? IN B. SOCIAL SECURITY NO. 17 INFORMANT Neph S CAUSE OF DEATH IEnter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO) Cardiac Arrest/Sepsis DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lost (b) ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PROPERTY OF THE FORMANT Neph DIE TO, OR AS A CONSEQUENCE OF CONTRIBUTING CAUSE IOS (CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PROPERTY OF THE PROPERTY | Annabelle S DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) (IFYES, GIVE WAR OR DATES) S79-62-5720 B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO) Cardiac Arrest/Sepsis DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON THE DE | S. DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Nephew ADDRESS Kno 579-62-5720 17 INFORMANT Nephew ADDRESS Kno ST9-62-5720 17 INFORMANT Nephew ADDRESS Kno ST9-62-5720 Dr. Freeman Rawson 3400 Lakevi State Lakevi Lak | S. DECEASED EVER IN U. S. ARMED FORCES? NO GRUNNOWN) (IF YES, GIVE WAS OR DATES) STOP—62—5720 Dr. Freeman Rawson 3400 Lakeview Dr B. CAUSE OF DEATH (Enter-only one couse per line for (o), (b), and (c), (b), and (c), (b), and (c), (c), (c), (d), (d), (d), (d), (d), (d), (d), (d |

DHMH - 16 50M 1/76 (VR A 15 (4))

etoined by the hospital or attending physician

24 FUNERAL DIRECTOR
NAME

Joseph Gawler & Sons 5]30 Wisc Ave NW Wash DC

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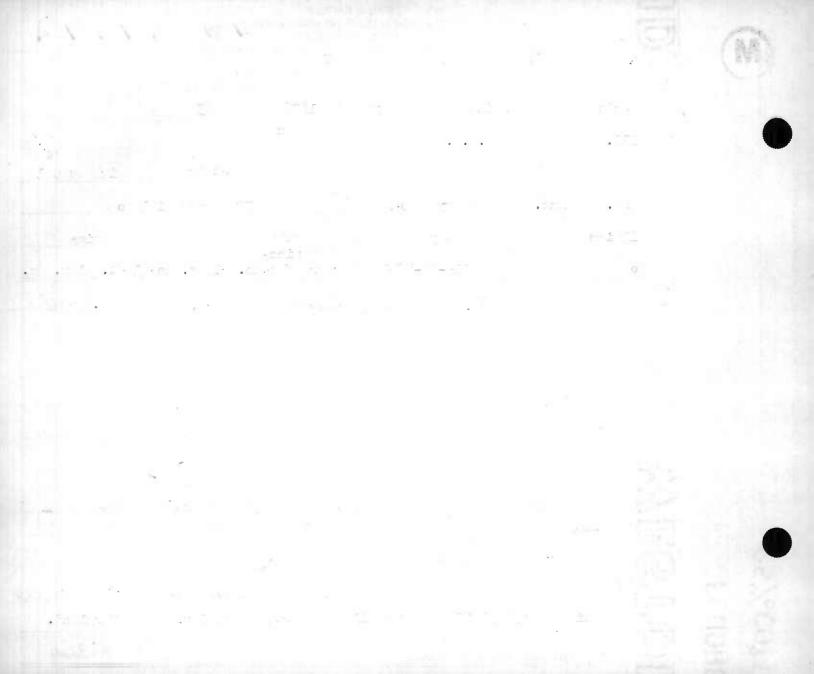
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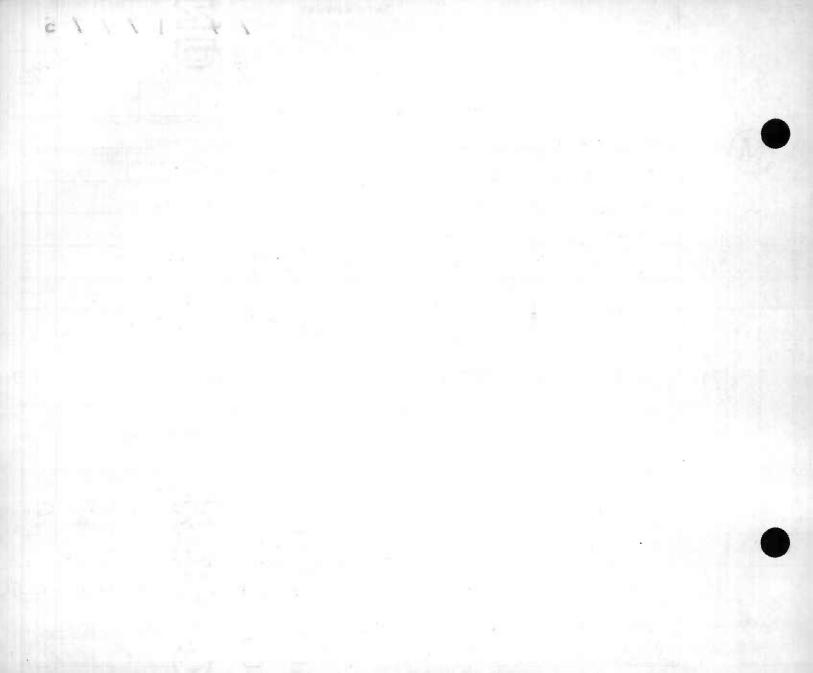
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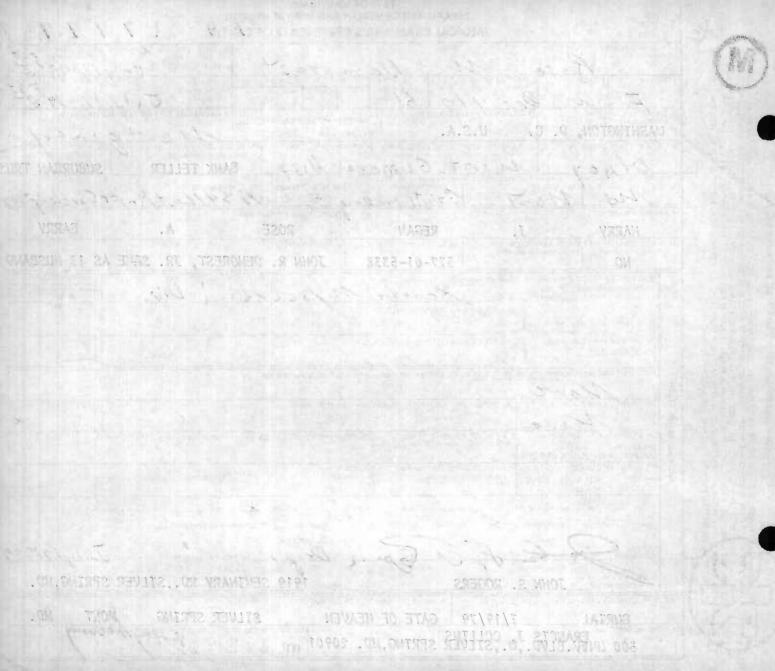
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 1. DECEASED NAME 24. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 40 eNORA 00 3 SEX IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY MONTH YEAR MONTHS OAYS Female 1909 Caucasian March YRS To. BIRTHPLACE ISTATE OF FOREIGN 7% CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA. Rhode Island WIDOWED DIVORCED [Montgomery IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Collingswood Nursing Center Retired Teacher USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 136. INSIDE CITY LIMITS? Ohio 216 Beaver St. Washington Marietta YES [NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST Fred L. Owen Elizabeth Maher Ing. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT Landing, IYES. NO OR UNKNOWN) New Jersey I IF YES, GIVE WAR OR DATES) 035-16-8387 Lawrence E. Déan (son) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ho vas IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF then as Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a I certify that (I) this hospital) attended the deceased from sow the deceased alive on above (It(we) (did) (did not) view the body after death. and that in (my pinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME TYPE OR PRINT) 22e ADDRESS the the New Mexico 23e BURIAL, CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION 23b. DAJE STATE BUNG 24 FUNERAL DIRECTOR DHMH-16 20M (VRA 15, 4) 7/78



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST SAMUEL . DECEASED NAME 2a. DATE OF DEATH MONTH 26. HOUR 31 anue 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHOLAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR MONTHS DAYS HOURS Male White 02 TO BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED Sicily DIVORCED [] montgom ery WIDOWED IN CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR INDUSTRY lardware Stores USUAL RESIDENCE (INNURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 12- CTREET ADDRESS 13d INSIDECITY LIMITS? Bethesda 301 Westbard Circle FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Freni OMENICO Gaetana ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) Iris K. Del Vecchio. Wife. Same as item No APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the diseas DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION INSONISM, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [DIVISION OF VITAL 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220-1 certify that (1) (thus have tal) attended the deceased fram saw the deceased alive an_ , and that in (my) (eer) opinion death occurred on the date and hour and from the causes stated obove, (frique) (did) (did not) view the body after de 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF MEDICAL O FUNERAL I PHYSICIAN PIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23d LOCATION 236. DATE Brentwood, Md. STATE Ft. Lincoln emetery Burial 24 FUNERAL DIRECTOR SONS INC. DHMH - 16 50M 7/77 5130 WISS. AVE., N. W. WASH., D. C. 20018 (VR A 15 (4))

1 ioily or se i med Franchista de la companya de la comp Types B. Hissin and Time on, in. Fortonia. CONTROL OF THE STREET, STREET,

| V | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
|---------------|--|-------------------------|
| to | - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO. 7 | 777 |
| | DECEASED NAME FIRST MIDDLE LIST 20 DATE KNOWN CONNECTION | DAY YEAR 7h HOLLS |
| (1 | (TYPE OR PRINT) OF ESTI- DEATH MATED DEATH MATED | 17:00 3 30 |
| 3. S | SEX 1. RACE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. I IF UNDER 24 HRS. 26. DATE MONTH, | DAY YEAR 24 HOUR |
| | E W Day 4/2 LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD TOLL | 17:079 535 |
| 7a. | BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. MARRIED AN NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY | TY OF DEATH |
| 7 | WASHINGTON. D. C. U.S.A. WIDOWED DIVORCED DIVORCED | a to found up |
| 10. | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORL) | 12b. KIND OF BUSINESS |
| 7 | Olycy Most in such facility, give street address) FOR MOST OF WORKING LIFE) BANK TELLER | SUBURBAN TRUS |
| | SUAL RESIDENCE (IF IN NUMBING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | I SUDUKDAN IKU. |
| 130. | | to Civile Aution |
| 14. | I. FATHER'S NAME | o CHERMINI |
| U | HARRY J. REGAN FIRST ROSE A. | BARRY |
| 16a. | 6. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS | |
| | (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 101-5338 JOHN R. DEMOREST, JR. SAME | AS 13 HUSBAND |
| | 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c), | APPROXIMATE INTERVAL |
| | PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Roube Myocard Div. | BETWEEN ONSET AND DEATH |
| | 429/ DUE TO, OR AS A CONSEQUENCE OF | |
| | Canditians, if any, which gave rise to immediate (b) | |
| | cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF | |
| | 19mg cause rast. | |
| ICATION | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | |
| o | Nove | |
| 2 | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20. AUTOPSY? |
| CERTIFICATION | None | YES NO |
| | | ART 2) |
| MEDICAL | CONTRIBUTING CAUSE OF DEATH P.M. 19 | |
| MED | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN CC | OUNTY STATE |
| | WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO | |
| | 22a. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry . ond in my a | pinion |
| | death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner , | |
| | TITLE (SPECIFY) | |
| - | SIGNATURE SIGNATURE SIGN | Eduly171979 |
| 3 | EXAMPHER'S NAME TANK O BOOTS | 0707110 110 |
| | (THE OR PRINT) JOHN S. ROGERS ADDRESS 1919 SEMINARY KU., SILVER | SPRING, MU. |
| 23a. | BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COL | INTY STAYE |
| 24 | | MONT MO. |
| 24. | NAME 500 UNIV BLVD. W. SILVER SPRING, MD. 20901 111 9. 0 1979 | - DATAMA |
| | 200 CHATA - DEAD - 'M. ' 21 FACTO 21 1/21/2 1/10 1/21/2 | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) Nelson Luther DEATH MATED 7/6/79 9A M Doe 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 11/23/1889 89 Caucasian 7/6/79 9A M 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED XXVEVER MARRIED Vermont U.S.A. DIVORCED [Montgomery County IN CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Potomac 10131 Counselman Road Engineer construction Potomac 13d. INSIDE CITY EIMITS? 10131 Counselman Road Montgomery 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Haskins MIDDLE Doe Sadie Fred 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 094-07-0639 Hazel M. Doe, same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY uremia IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which chronic glomerulonephritis gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) diabetes mellitus 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO XX 21a. EXTERNAL CAUSE WAS 716. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH FOUND 2 e. PLACE OF INJURY (AT HOME 21f LOCATION WHILE AT WORK 22s. I certify that I took charge of the remains described above, held on TITLE (SPECIFY) Deputy _MEDICAL EXAMINER Francis C. Mayle, M.D. ADDRESS Bethesda, Maryland PAG PAG TO TO BALTE Upper Plain Cemetery Bradford, Vermont 7/10/79 **DHMH-17** (VR A15 ME (5)) 15M 7/76

MALO TRACESIAN 11/23/48/62 BV . Y. 2. U attorney Mant disert Councy. Potence 10131 Courseless fixed Givil takinger d Course lee Sadie 21 th one . soft . M. Lotth | 2500-10-120 Circuit Physical Physics Students dissolves tollitus

Trancis C. Wagle, M.D. Dorner R. Maryland ...

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| | | | FOR STATE | 8a-22a F | | 8/29/79 STA DEPARTMENT OF DICAL EXAMIN | HEALTH | HAND MENTAL H | | 7779 |
|--------------------|--|---------------|---|--|-------------------------------------|--|-------------|--|--|---|
| 2 | | 1. DE | REGISTRAR CEASED NAME | FIRST | ME | MIDDLE | EK 3 | LAST | 20. DATE KNOWN | NO. TO MONTH DAY YEAR 126 HOUR |
| | *** | [TYP | E OR PRINT) | EMI | L (: | none) | D | OLEZAL | OF ESTI- DEATH MATED | 7 31 ₁₉ 79 |
| | | 3. SE) | ale | white | March 2 | YEAR LAST BIRTHD. | AY) MON | | 24 HRS. 2c. DATE MIN PRONOUNCED DEAD | MONTH DAY YEAR 44:1405R 7 31 1979 PM |
| • | WHAT A LANGE OF THE PARTY OF TH | C2 | RTHPLACE (ST DREIGN COUNTRY) Zechoslo | vakia | U.S.A. | HAT COUNTRY? | WIDOV | NEVER MARR | Montgomen | MD. |
| | PAGE PAGE BE FLED 25, 201 V | Be | ethesda | | Suburban | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IENOT INSUCH FACILITY GIVES STREET ADDRESS) Suburban Hospital 120. USUAL OCCUPATION (TYPE OF WORK INC. LIFE) FOR MOST OF WORKING LIFE) Plumbing Contract | | | | |
| 21201 | ANY DAND : RETAIN HOULD RECORD | 130 S | AL RESIDENCE I TATE Aryland | 13b. COUN | | 13c. CITY OR TOWN Bethesda | ON) | 136. INSIDE CITY LIMITS? YES X NO [| 6701 Persimmo | n Tree Road |
| | I ZNY | | ATHER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDI | MIDDLE | LAST |
| ORE, | PAGES I FORM PW ES I AND ON OF VII | | rank | EVER IN U.S. AR | | Dolezal | Y NO. | Anastasi 17. INFORMANT | .e. ADDRES | Drholec |
| BALTIMORE, MD. | URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AP DIVISION OF | | ES, NO, OR UNKNO 10 | VN) | WAR OR DATES) | 128-40-00 | 37 | Wife - Ver | a Dolezal - Sa | me as #13 |
| | 24 HOURS ITEM 18. C LONG WI PERMIT. P. GIENE, DIV | | 18 CAUSE O PART I DE | ATH WAS CAUSE | D BY: | for (o), (b), ond (c).) Fatty infil | urat | ion of liv | er | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| STON | IN 24 HO N ITEM I ALONG IT PERM! TYGIENE, AL. | | 571 | 8 | | AS A CONSEQUENÇE | OF | | | |
| 301 W. PRESTON ST. | XECUTED WITHIN 24 HO G". IN PENCII. IN ITEM 11 CAL EXAMINER ALONG BURIAL-TRANSIT PERMIT AND MENIAL HYGENE, ON, OR REMOVAL. | | gove ris | s, if ony, which e to immediate stating the under- | (b) | AS A CONSEQUENCE | OF. | | | |
| 301 V | EXA/ EXA/ RIAL-I | | lying cou | | (c) | NO N CONSEQUENCE | | | | |
| RECORDS, | "PENDING" FF MEDICAL SED AS A BUR HEATH AND CREMATION, | NO | PART 2 OTHER SIG | HIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERM | IINAL DISEA | SE OR CONDITION GIVEN IN PA | RT 1 (a). | |
| ITAL REC | A S E L A | CERTIFICATION | 19a. DATE OF | OPERATION | 19b. CONDI | TION FOR WHICH OPER | ATION V | VAS PERFORMED? | , , , , , , , , , , , , , , , , , , , | 20. AUTOPSY? YES ■ NO □ |
| DIVISION OF VITAL | THE WOOD THE COULD THE COULD THE COULD THE COULD TO BUILD | AL CER | UNDERLYING | OR CAUSE WAS | | MONTH DAY YEAR | | OW INJURY OCCURRE | D (ENTER NATURE OF INJURY IN ITEM | IS PART 1 OR PART 2) |
| DIVISIO | | MEDICAL | 21d. INJURY C | | 21e. PLACE (| OF INJURY AT HOME. | | OCATION STREET | CITY OR TOWN | COUNTY STATE |
| • | EXAMINER: THE CERTIFICATE, NOULD BE FORW I DIRECTOR: PAH, WITH THE STAMMARYLAND, 212 | | | y that I took charg | ge of the remains des rol couses | cribed obove, held on Accident , Su | icide [| No. Assistan | Undetermined monner | ond in my opinion DATE 8/1/79 SIGNED |
| | TO MEDICAL E EXECUTE THE C PAGE 4 SHOUNT TO FUNERAL I AFTER DEATH, BALTIMORE, M. | | EXAMINER'S (TYPE OR PRIN | NAME MA | argarita A | . Korell, | | _ADDRESS | 1 Penn Street | |
| 58 | 5 4 5 4 8 | 23a.B | SPECIFY) | ION,REMOVAL | 23b. DATE 8-3-79 | 13c. NAME OF CE | | or Crematory en Cemetery | 23d. LOCATION CITY OF TOWN | COUNTY STATE |
| | BP | 14.5 | Burial | sde 1 | DeVol Fu | neral Home | ilea v | | REC'ISTENCETRAR 255 RE | gistrar's Signature |
| | (VR A15 ME (5)) 15M 7/76 | 6 | ELBI | 01 | Washingt | on, D.C. | | AUG | 8 1979 | my Me Brooky |

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE ... - STATE REGISTRAR DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) OF ESTI-FABIANA 6 AGE (IN YEARS IF UNDER 24 HRS. DATE PRONOUNCED 20 DEAD BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Peru DIVORCED OR INDUSTRY MOME DIMESTIC 13d. INSIDE CIDY LIMITS? 13e. STREET ADDRESS NO [15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Dolmos Samue 1 UNKNOWN Huaman ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? Ah SOCIAL SECURITY NO. 7. INFORMANT Victor E. Edgar (Same as 13e) 578-76-5971 No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) . BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PRIOR TO BURIAL, YES . NO 4 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FOR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH NOT WHILE AT WORK AT WORK WORK 22a. I certify that I took charge of the remains described above, held an Inspection Hamicide Undetermined manner death resulted fram Natural causes EXAMINER'S NAME (TYPE OR PRINT) Lity or town 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Peru A. Pumphrey Funeral **DHMH-17** Homes, P.A., Bethesda, Maryland (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND

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15M7/76

STATE OF MARYLAND

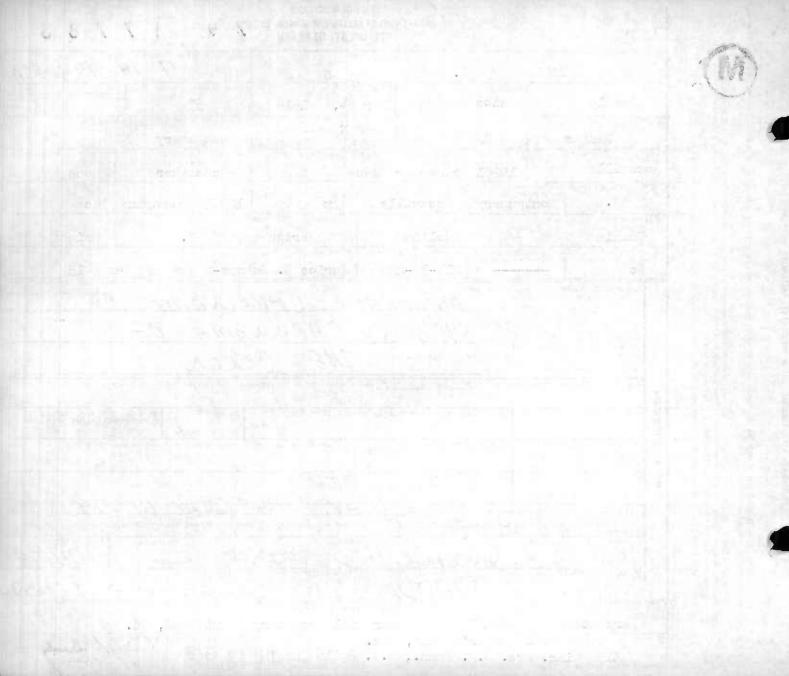
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Sign and Art . Sanction . H. Cartan cuburg, (d. 100)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST I. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT FERN L. DuMARS 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY IF LINDER 1 YEAR IF UNDER 24 HRS Mar 24, White HOURS Female 1914 65 Th CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY US Kansas Montgomery WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville 10201 Grosvenor Place Home Homemaker DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL NES 130. STATE Md. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) filled ould b COUNTY Rockville 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 10201 Grosvenor Place Montgomery YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 MIDDLE Collins EIRST MIDDLE Connie Bertha E. Wright 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-38-2248 Maurice L. DuMars- Same as Item No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c DUE TO, OR AS A CONSEQUENCE OF CINOMA Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED pe 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ď IN CERTIFYING CAUSES OF DEATH? NOR YES NO T 210. ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ond Mentol Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21. PLACE OF INJURY morked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) the CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) ettended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death If Item 226-SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING Y MEDICAL STAFF
DIRECTOR PHYSICIAN FUNERAL MPORTANT: PHYSICIAN 214 PHYSICIAN'S NAME (TYPE OF PRIN 22e ADDRESS should by 0 0 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY Cremation Cedar Hill Crematory Suitland, Md. 24 FUNERAL DIRECTOR Joseph Gawler's Sons. 250. DATE REC'D. BY REGISTRAR 25b. DEGISTRAR'S SIGNATURE DHMH-16 60M 1.73 5130 Wisc. Ave. N.W. Wash., D.C. 20016 (VRA 15(4))



and 2 y

| FOR STATE REGISTRAR | | DEF | STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | SIENT | 9 REG. | NO. | 7 | 7 | 8 | 4 |
|---------------------------|-------|--------|--|---------|-----------|-------|-----|------|----|-----|
| DECEASED NAME | FIRST | WIDDIE | LAST | 2a DATE | OF DEATH | MONTH | DAY | YEAR | 2b | HOL |

| | 1 | REGISTRAR | | | | CERTIF | ICATE OF DE | ATH | REG. N | D. | - | 0 4 |
|-----|---------------|---|-----------------------|--------------------------------|--|----------------|--------------------------|-------------------------------|-------------------------------------|--|-------------------|--------------------------------------|
| | 1. DE | CEASED NAME | FIRST | | MIDDLE | l. | AST | | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR |
| | | | Harr | iet | Margie | e D | urham | | July 4, | 1979 | | 5:10 a |
| | 3 SE | X | | 4 RACE | | 5 DATE C | | YEAR | 6 AGE (IN YEARS LAST BIRT | | UNDER 1 YEAR | |
| - 1 | | Female | | Neg | ro | Marc | | 912 | 67 | YRS. | NTHS DAYS | HOURS MIN |
| 20 | | RTHPLACE (STATE C | | | WHAT COUNTR | Y? 8 | D NEVER MA | BBIED [| 9 BALTIMORE CITY C | R COUNTY O | FDEATH | |
| / | Lau | wrence Co | .S.C. | u.s. | .A. | WIDOWE | | RCED [| Montgome | ry Co | unty | , MD |
| 20 | 10 C | ITY OR TOWN OF [| DEATH | | HOSPITAL, NURS | SING HOME C | R OTHER INSTIT | JTION | 12a USUAL OCCUPATI | | 126 KIND | OF BUSINESS OR |
| B | В | ethesda | | | linical | | er, (N: | IH) | Stock Cler | 4 | - | t. Store |
| 10 | USU. | AL RESIDENCE (IFN | OF36 COUN | OTHER INSTITUTION | GIVE RESIDENCE BEF | ORE ADMISSION) | 113d. INSIDE CITY | 1 IAAITE2 | 13e STREET ADDRESS | | | 0.0000 |
| 4 | | Strict | OL. | | Washir | | 44 | 0 🗆 | | Place | e NE | |
| 8. | | ATHER'S NAME | | MIDDLE | LAST | ig con | 15 MOTHER'S M | | NE . | 12 | | |
| 01 | | Allen | | MIDDEE | Jones | | Minn | ie | MIDDLE | Macc | rafth | AST |
| 3 | 16a V | VAS DECEASED EV YES, NO OR UNKNOWN) | ER IN U.S. AR | MED FORCES? E WAR OR DATES) | 166 SOCIAL SE | 3007 | 8259 Ri | ussel | | ^{SS} 201, | | 11 |
| | | 18 CAUSE OF DE | ATH Enter on | ly one couse per | line for (a), (b), | | VII. | LILOU | Durnam | SOIL | APPRO | XIMATE INTERVAL |
| -1 | | PART I. DEATH | WAS CAUSE | D BY: | | | liary (| cirrho | osis | | OLI WEEL | ONSE! AND DEATH |
| | | Conditions, if o | | | RAS A CONSECUTION OF THE PROPERTY OF THE PROPE | | morrhac | re | The same of | | | 31-30 |
| | | gave rise to cause (a), sta underlying car | mmediate ating the | DUE TO, O | R AS A CONSEC | UENCE OF | | | | | | |
| | | PART 2 OTHER S | GNIFICANT (| ONDITIONS CO | Hepati | | | THE TERMI | NAL DISEASE OR CON | ITION GIVEN | IN PART 1 | (a) |
| | TON | - H.A. | | | | | | | | | | |
| | CERTIFICATION | 190 DATE OF OPE | RATION | 196 COND | ITION FOR WHIC | CH OPERATION | WAS PERFORM | NED | 200 AUTOPSY? | 20b. IF YES, V IN CERTIFY IN YES | | NGS USED S OF DEATH? |
| / | | 210. ACCIDENT WAS OR CONTRIBUTING [{IF EITHER, NOTIFY ME | CAUSE OF DEA | CIPI . | FINJURY M. MONTH M. | DAY YEAR | 11c HOW INJU | RY OCCURRE | ED (ENTER NATURE OF INJUR | Y IN ITEM 18, PART | 1 OR PART 2) | |
| | MEDICAL | 21d. INJURY OCCI | URRED | 21e PLACE (AT HOME, STE | OF INJURY REET, FACTORY, OEFIC | E, FARM, ETC.) | 211 LOCATION STREET | | CITY OR TOV | 'N | COUNTY | STATE |
| | | 22a. I certify that saw the dece above, (Indive | osed alive on | tal) attended th | 4. 19 | May 79 | 13, d that in (n¾ (a) | 19 <u>79</u> ur) opinion d | , to July 4 eath occurred on the do | te and hour o | 79 nd from the | , that (Kwe) last e couses stated |
| | | STENATURE STUDIES | 4 | Korn | ran | (| | ENDING YSICIAN | MEDICAL STAI | | 7 / 4 | I 19 |
| 1 | | LOUIS | NAM (TYPE O | RPRINT) LORMA | N | | | | al Instit enter, Be | | | ealth d 20205 |
| | 23a E | BURIAL, CREMATIO | N, REMOVAL | 23b. DATE | 23 | . NAME OF C | METERY OR CRE | MATORY | 23d. LOCATION | co | UNTY | STATE |
| | | Burial | | 7/11/ | 79 | Maryla | nd Nat. | Mem. | Laural | | Maryl | and |

Maryland Nat. Mem.

DHMH - 16 50M 1/76 (VR A 15 (4))

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IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, ar ath should be detoched for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr TO FUNERAL DIRECTOR: After this certificate has been

230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREM.

Burial 7/11/79 Maryland Nat. N

24 FUNERAL DIRECTOR
NAME
R.N. Horton Co. Morticians inc. 600-Kennedy St

Mem. Laural Maryland

1250. DATE REC'O. BY REGISTRAR 256. BY STRAR'S ST NATIRE

JUL 1 0 1979

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| | 1. | FOR STATE | | DEP | ARTMENT OF | TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH | GIENEY 9 | 7 / 8 6 |
|---------------|---------------|--|--------------------------|------------------------|--------------------|--|--|---------------------------------|
| | | REGISTRAR CEASED NAME OR PRINT) | FIRST | MIDDLE | | LAST | REG. NO. | H DAY YEAR 26 HOU |
| | 0.65 | | Velyn | N. | Eq | Sley | 6. AGE (IN YEARS LAST BIRTHDAY) | # UNDER I YEAR IF UNDER |
| D. | 3 SE | | RACE | | MONT | OF BIRTH- | 03 | MONTHS DAYS HOURS |
| ai. | | RTHPLACE (STATE OR FO | whi.1 | OF WHAT COUN | | 1,1888 | 9. BALTIMORE CITY OR CO | YRS. DENTY OF DEATH |
| ouce. | C | ountry) laryland | | BA | MARRIE | D NEVER MARRIED | Mentgemer | |
| b p | | ITY OR TOWN OF DEA | TH 11. NAME | OF HOSPITAL, NI | URSING HOME | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126. KIND OF BUSINE |
| Notified 10 | R | ekville | Poter | IN SUCH FACILITY, GIVE | STREET ADDRESS) | ng Home | Private duty | KING LIFE) INDUSTRY |
| pe n | USU | AL RESIDENCE (IF NURSI | NG HOME OR OTHER INSTIT | UTION, GIVE RESIDENCE | BEFORE ADMISSION | | | |
| must | 130 | Md. | Montgene | Bethe | | 13d. INSIDE CITY LIMITS? | 7109 Denton F | d. |
| | 14. F | THER'S NAME | | | | 15. MOTHER'S MAIDEN NA | | |
| Exo. 1 | 1 | ohn FIRST | WIDDLE | Curlett | | Mary | , MIDDIF Un | known |
| | 160 V | VAS DECEASED EVER | IN U.S. ARMED FORC | ES? 166 SOCIAL | SECURITY NO. | 17 /16 Grabenton | Rd. Bethewda, | Md. 20014 |
| medicol | (| YES, NO OR UNKNOWN) | None | 189-2 | 28-3465A | Katherine E. | Giles-daughte | r |
| the | | IR CAUSE OF DEATH | (Enter only one cous | | | | - | APPROXIMATE INTER |
| event, the | | PART I. DEATH W | | | chrova | scalle lles | antosis | |
| r other troun | | Conditions, if any, gave rise to imm cause (a), stating underlying couse | g the DUET | O, OR AS A CONS | | eleveri | | |
| ury, or | z | PART 2. OTHER SIGN | | | TO DEATH BUT | | - alver L | Chelle Llore |
| y inj | CERTIFICATION | 19n DATE OF OPERAT | arthro | - 0 | C race | ON WAS PERFORMED | | . IF YES, WERE FINDINGS USED |
| 0 G | FICA | 196 DATE OF OPERAT | 176 (| ONDITION FOR W | HICH OPERATIO | ON WAS PERFORMED | IN IN | CERTIFYING CAUSES OF DEAT |
| of | ERTI | 71g. ACCIDENT WAS UND | FRIVING 716 TI | ME OF INJURY | | 71r HOW IN JURY OCCUR | YES NO NO RED (ENTER NATURE OF INJURY IN I | YÉS NO |
| 81 u | | OR CONTRIBUTING C | AUSE OF DEATH HOU | R A.M. MONTH | | The work is sold occor. | (Citta Maiore of Room In | TENTINE TONT ANT A |
| or Item | MEDICAL | (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR | | P.M. ACE OF INJURY | 19 | 21f. LOCATION | | |
| | ME | WHILE IT NOT WH | ILE (AT HO) | ME, STREET, FACTORY, O | FFICE, FARM, ETC.] | STREET | CITY OR TOWN | COUNTY ST |
| morked | | AT WORK AT WO | | ad 46 a da ad 6 | | 10.76 | 7.33 | 10 79 |
| 1 5 | | | (this hospital) attended | | 7 (1 | | | nd hour and from the causes sto |
| hem 2 | | obove, (I) (we) (o | d alive on | body ofter deoth. | 1,0 | DEGREE | or modeling on modele o | 22c DATE SIGNED |
| # # | | 220. SIGNATORE | 1 1911. | 15-50 | 6 | A ITENDING | MEDICAL STAFF | 7.11- |
| Z | | 22d. PHYSICIAN'S NA | ME INVESTOR OF STREET | 4 | | PHYSICIAN 1 | DIRECTOR PHYSICIAN | 1-00 |
| MPORTANT | | 228. FITT SICTAIN S | (THE OK PKINITY) | 122000 | | | CIRS MIL | Rd Rock |
| AP. | | (1 | 1 6 | 1004 | | 100 | | 1, 100 |
| 7 | 230. | BURIAL, CREMATION, SPECIFY) Cremation | | | | CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN Washington | COUNTY STA |
| 1 | | Cramation | 1-6 | 23-79 | ree . a | Crematory | Washington | 1,0.0. |

DHMH - 16 50M 7/77 (VR A 15 (4))

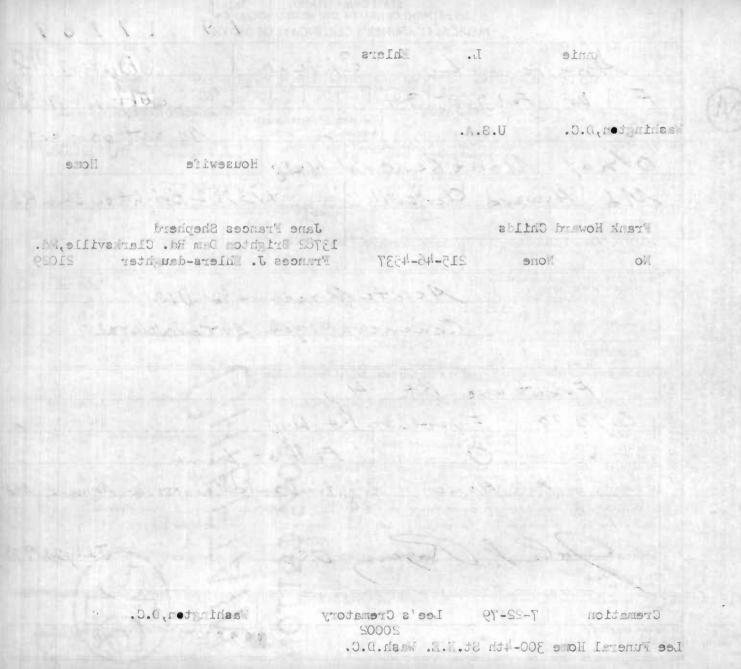
24 FUNERAL DIRECTOR
Lee Funeral Home 300-4th St. N.E. Wash.D.C. 20002

2 6 1979

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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| | Uniano | | Curlett | John |
| 20014 | on Rd. Methesda,MS. E. Ciles-dau hter | 25-3455. Katherine | one 189- | 0 |
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| - S' | | | | | CERTIFICATE | | 1. | 7 7 8 | 7 |
| I. DECE | GISTRAR ASED NAME | FIRST | MIDDLE | | LAST | 20. DATE | REG. NO. | AONIH DAY Y | FAR EVA L |
| {TYPE (| PRINT) Ann | 10 | L. / | Ehlers | Shlers | OF | ESTI- | 1/10 2/19 | 2945 |
| 3. SEX | 1 RACE | 5. DATE OF | BIRTH DAY YEAR | 6. AGE (IN YEARS IF L | JNDER 1 YR. IF UNDE | R 24 HRS. 2c. DAT | TE M | ONI DAY | YEAR MEAN |
| | E la | - | 9 85 | LAST BIRTHDAY) MOI | NTHS DAYS HOURS | MIN. PRONOU DEA | | 1 2 2 19 | 19 4 |
| 0.00 | HPLACE (STATE OR | 76. CITIZEN | | TRY? 8 MAR | RRIED NEVER MARI | RIED . 9 BALTI | MORE CITY OR C | QUNTY OF DEAT | H |
| | ington, D.C | | .S.A. | | WED DIVOR | | non | toom | evy |
| TIU. CITY | OR TOWN OF DEATH | | OF HOSPITAL, NU SUCH FACILITY, GIVE S | RSING HOME, OR O' | THER INSTITUTION | FOR MOST OF WO | UPATION (TYPE OF | WORK 12b. KIND C OR INC | F BUSINES |
| .⊌SUAL | RESIDENCE (IF IN NURSII | ING HOME OR OTHER INSTITU | TION GIVE RESIDENCE | BEFORE ADMISSIONI | 1 /4 wyg | Housewill | (e | Heme | |
| 13a. STA | TEAN 1 18 | HULLING | | ORTOWN // | 13d. INSIDE CITY LIMITS? | 13. STREET ADDR | RESS | 4. 17 | . 12 |
| 14 FAT | HER'S NAME | | 4 45 | | 15. MOTHER'S MAID | | - Brigh | Con | 2 7h 1 |
| 1 | Frank Howa | ard Childs | | LAST | TZRIA | rances She | pherd | LAST | |
| 16a. WA | S DECEASED EVER IN | U.S. ARMED FORCES | | CIAL SECURITY NO. | | ghton Dan | | rksville | ,Md. |
| | NO, OR UNKNOWN) (III | F YES, GIVE WAR OR DATES) None | 215- | 46-4537 | Frances | J. Ehlers | -daughte | er 2 | 1029 |
| 1 | 8. CAUSE OF DEATH | (Enter anly ane cause p | per line far (a), (b |), and (c).) | | | | APPRO) BETWEEN | MATE INTERVA |
| | | MMEDIATE CAUSE (a) | _4 | cute | MYREIZ | 221 | DIVI | | |
| | | | | | | | | | |
| | 4409 | | O, OR AS A CON | NSEQUENCE OF | 1 | 1 | | | |
| | Canditians, if any gave rise to im | y, which nmediate (b) | _ Ge | nenev | alized | Avt | rioscle | misis | |
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1331 Rockville Pike Rockville, Md. 20852

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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| | Ľ | REGISTRAR CEASED NAME FIRST | WIDOLE | CERTIFICATE OF DEATH | REG. NO. | ONTH DAY YEAR 25 HOUR |
| (M) | | EOR PRINT) Haze | | Ellis. | 7-15-1979 | 12.30 M |
| eed gee | 3 SE | Female. | White. | 5. DATE OF BIRTH 2-18-98 YEAR | 6 AGE (IN YEARS LAST BIRTHD | MONTHS DAYS HOURS MIN |
| eoth. Po in 72 hou. | | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR Montgomer | |
| rs ofter d by the fu | | lver Spring. | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET | ADDRESSI NUTS IN THE NOTITUTION ADDRESSI HOME. | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Teacher. | |
| LAND 212 | USU 130 | | | N 13d. INSIDE CITY LIMITS? | 130 STREET ADDRESS | ker Street |
| MARYL malerely and 2 si | | | Thibadeau LAST | Ann | 4 MIDDLE | Duvall |
| IMORE, on execution on and co. Poges 1 | 160. | WAS DECEASED EVER IN U.S. AR | WED FORCES? 166 SOCIAL SECU WAR OR DATES) 578 54 | | ADDRESS Witt R. N. | From Chart. |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours in other anding physician. The this certificate has been signed by the ottending physician and completely filled in by ons the burial-transit permit. Then please remove catalonappers. Pages 1 and 2 should be filled in hand mantal hygiene prior to burial, cremoved or removed. The properties of the prior of the | z | Conditions, if any, which gove rise to immediate cause o, stating the underlying cause lost | DUE TO, OR AS A CONSEQUI | Artenoseland | INAL DISEASE OR CONDI | Smin 7-10 year |
| L RECORDS The law requipment law spermit. The permit the permit to so we so my injury. | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{VES} \) NO \(\text{T} \) |
| ON OF VITA IYSICIAN: The ding physicic is certificate burial-transit Mental Hygisi | 2 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | TH HOUR A.M. MONTH D. | YEAR 19 | | |
| DIVISION ING PHYS T after this cas the but though when divided or I | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I | 21f. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| R ATTENDIN hospitol or RECTOR: Af RECTOR: Af Red for use or pp. of Health tem 21 is mo | | sow the deceased olive on abave, (1) (we) (did) (did not | al) offended the deceased from | , and that in (my) (aur) apinion | death occurred on the date | . 19 7 , that (I) (we) lost e and hour and from the causes stated |
| he be | | 276. SIGNATURE | 7. Lebre | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIA | |
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| 4 BP | | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial. | 236 DATE 236 1 | NAME OF CEMETERY OR CREMATORY | n arlington | COUNTY Vingenia |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | 74 F | UNERAL DIRECTOR NAME Arthur Walte | wakoma Eune rs. 254 Carro | Lay nome. | L1 7 1979 | b. REGISTRAR'S SIGNATURE |

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| offer p | | 3. SE | Male | | 4 RACE | ite | Sept | DAY | 1925 | 6. AGE (INVE | ARS LAST BIRTHDAY | MON | | HOURS MIN |
| | | 70 B | IRTHPLACE (STATE OR FOR | EVON | | WHAT COUNTRY? | Sept | • 4) | エフペン | 0 PAITIMO | 53 RE CITY OR CO | YRS. | DEATH | |
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| (M) | p | 10.0 | 10 CITY OR TOWN OF DEATH | | 11. NAME OF HOSPITAL, NURSING | | G HOME OR OTHER INSTITUTION | | | | | BUSINESS OR | | |
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| 2 5 = | - iner | 14 F | ATHER'S NAME | 1 | ALIDDIE. | 1467 | | | MAIDEN NA | | | 77 | | |
| w pa ond | Wox Fi | | Willie | 3 .4 | L. | Ensor | , Sr. | | ina Ina | | MIDDLE | 3.72 | Eng | le |
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| SICIAN: ng physic certifical riol-tron | Hem 18 | | OR CONTRIBUTING CA | | 1177 | .M. MONTH D. | YEAR | | | | | | | |
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| G Pt ord | | A | WHILE ONOT WHILE AT WORK | LE O | (AT HOME, ST | REET, FACTORY, OFFICE, F | ARM, ETC) | STREET | 1 10 | | CITY OR TOWN | -15-4 | COUNTY | STATE |
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| of of other shoot | ₹ | 23a. | BURIAL, CREMATION, R | EMOVAL | 23b. DATE | 8 23c.1 | NAME OF C | EMETERY OR | CREMATORY | 23d. LOCA | TION | (0) | UNTY | STATE |
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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | | CEKITI | ICATE OF DEATH | | REG. NO. | | | | |
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| | I. DECI | EASED NAME | | | MIDDLE | l | AST | 20 DATE OF | DEATH MONT | H DAY YEAR | 2b HOUR | | |
| | | | Holly | S | | FARME | R | Ju | ly 30, | 1979 | 7:45P, | | |
| | 3 SEX | | | 4 RACE | | 5. DATE C | | 6. AGE (IN YEA | RS LAST BIRTHDAY) | MONTHS DAYS | | | |
| | | ale | | Cauca | | May | 16, 1893 | | | YRS | | | |
| 21 | COL | THPLACE (ST INTRY) | | 76. CITIZEN OF | WHAT COUNTRY? | MARRIE | | | _ | UNTY OF DEATH | | | |
| 2 | | Y OR TOWN | | | | NG HOME C | D DIVORCED | 12a USUALO | gomery | 12h KIND | OF BUSINESS OR | | |
| 27 | | ethesd | | Nation | | | al Center | U. S. | Army | KING LIFE) INDUSTRY | tary | | |
| 35 | 13a ST | residence ryland | (IF NURSING HOME O 13b COU Mont | R OTHER INSTITUTION NTY GOMERY | GIVE RESIDENCE BEFOR | | 13d INSIDE CITY LIMITS? YES 🕱 NO 🗌 | 13e STREET A | | orth Ave. | | | |
| 150 | 14 FAT | HER'S NAME FIRST | ev. | MIDDLE | Farmer | | 15 MOTHER'S MAIDEN N | ¥. | MIDDLE | Taylor | AS1 | | |
| 1 | | AS DECEASED | EVER IN U.S. AI | | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | | ADDRESSP | otomac, M | d. | | |
| | | Yes (YES, NO OR UNKNOWN) (IF YES, GIV | | -54 578-48-8520 | | Mrs. Jane T. | rs. Jane T. Phelps 12204 Red | | | | | | |
| | | DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) | | | | | | | | | | | |
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| 9 | CAL | OR CONTRIBUTION | WAS UNDERLYING [NG CAUSE OF DE TY MEDICAL EXAMINER OCCURRED | OF DEATH HOUR A.M. MONTH DA | | | DAY YEAR 19 211 LOCATION | | RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PAR | | RT 2) | | |
| | | WHILE TO WORK | NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET | | | | CITY OR TOWN COUNTY STATE | | | | | |
| | | | that (1) (this hasp deceased alive a (we) (did) (dig) (| | ne deceased from 19_ v after death. | 79or | nd that in (My (our) apinion | , to JUI n death accurred | | nd hour and from the | , that (V (we) lost e couses stated E SIGNED | | |
| | | - i | Sto | LR | 16 | | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIAN | luls | 31 1979 | | |
| 1 | | THE PHYSIQUE | J-C- | STHA | N | | National | Naval M | edical | Center, E | 3ethesdaN | | |
| - | 230 BL | ECIEV\ | TION, REMOVA | 100.00 | | NAME OF C | EMETERY OR CREMATORY | 23d. LOCAT | | COUNTY | STATE | | |
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DHMH - 16 50M 1/76 (VR A 15 (4))

retained by the hospital

24 FUNERAL DIRECTOR
Robert A. Pumphrey Funeral Home Rockville, AUG

250. DATE REC'D. BY REGISTRAR (756 TO TOAR'S SIGNATURE)

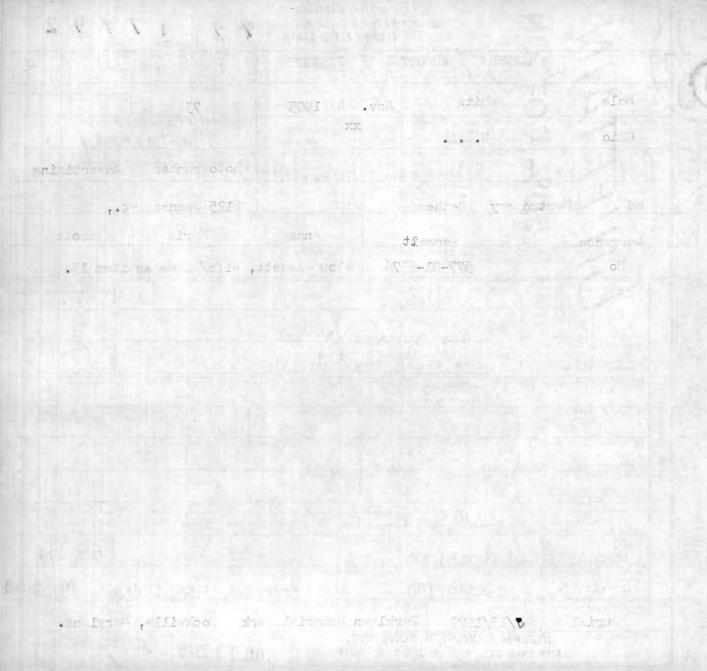
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Sectional Revel Coding Contact Survey Survey

STATE OF MARYLAND



prior

Mental Hygrene

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22a. I certify that (Y (this haspital) attended the deceased from.

EDWARD

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Everly Funeral

(we) (did) (did hat wew the body ofter death

July 24

B. WEISER, M.D.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH (TYPE OR PRINT) Geraldine S. **FEDOR** July 24 1979 1:25A 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 17 1939 Female Caucasian July BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery Connecticut USA O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR HOUSEWITE INDUSTRY National Naval Medical Center Bethesda JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Virginia Fairfax Burke 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 5801 Oak Leather Drive YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE William Shannon Helen Gerard ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 039 24 4700 | John D. Fedor No See Item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (a), (b) and ic PART I. DEATH WAS CAUSED BY BOWEL OBSTRUCTION IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF INTRAABDOMINAL CARCINOMATOSIS Conditions, if ony, which gove rise to immediate

OVARTAN PRIMARY couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Arlington National

Fairfax, Virginia

22e ADDRESS

ATTENDING

and that in my) (our) opinion death occurred on the date and hour and from the causes stated

STAFF

National Naval Medical Center, Bethesda, Md.

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

23d. LOCATION

Arlington

22c DATE SIGNED

Arlington

July 24 1979

STATE

July

79

DHMH - 16 50M 1/76 (VR A 15 (4))

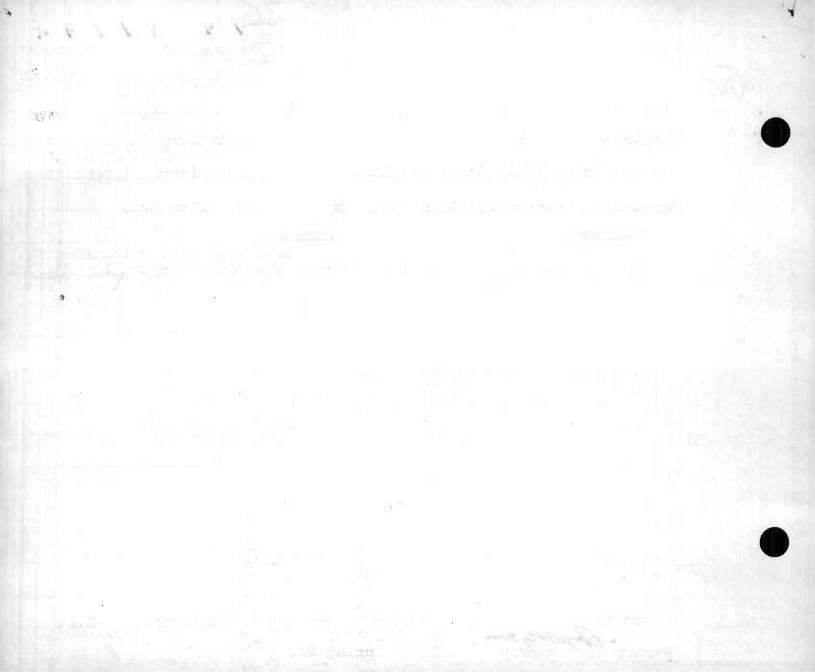


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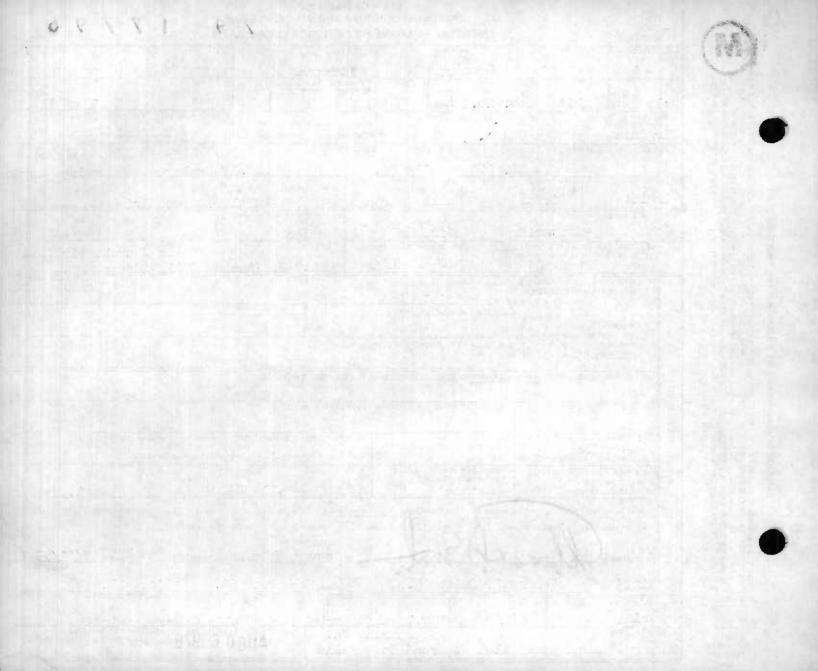
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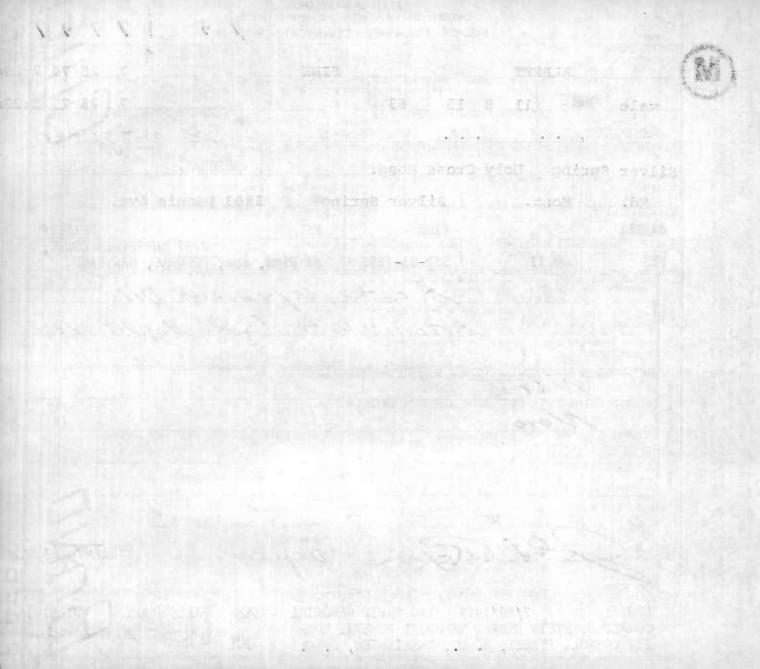


| 1.7- | 1 | | | STATE OF MARYLAND | | |
|---|---------------|---|--|--|--|--|
| ~1 | 1 | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE/ 9 | 7795 |
| (MA) | 1. D | ECEASED NAME FIRST | WIDOLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR A |
| (444) | | Emilie | W. / | ERBUSON | July 31. | 1979 4.39 M |
| | 3. S | | 4 RACE | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHOAY) | IF UNDER LYEAR IF UNDER 24 HRS |
| ge 4 | | Female | Caucasian | Aug. 29, 1921 | 5 7 | YRS |
| h. Pool din | | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR CO | UNTY OF DEATH |
| er deot | N | ew Jersey | U. S. A. | WIDOWED DIVORCED | 1012-05-0111-0-1 | |
| the fill with | - | CITY OR TOWN OF DEATH | NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE) | NG HOME OR OTHER INSTITUTION ADDRESS) | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK | 126 KIND OF BUSINESS OR INDUSTRY |
| 201 urs offi by th filed v | | ensington | 4513 Saul Ro | ad | Housewife | Home |
| BALTIMORE, MARYLAND 21201 cate be executed within 24 hours a vysicion and campletely filled in by appers. Pages 1 and 2 should be file vyol. nt, the medical examiner must be no | 130 M | aryland Mon | | ton YES X NO | 13e STREET ADDRESS 4513 Saul | Road |
| with with d 2 s | , III I | ATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN N | AME . MIODLE | L <u>A</u> ST |
| months of the complete of the | 26 | Jacob | Waypa | Martona | | orsak orsak |
| MORE e execu | 1 160 | | WAR OR DATES) | | 3740 | Bel Pre Road |
| LTIM be no | | No | 146-14 | -3333 Karen M. | Brown, Silve | r Spring, MD |
| , BA icate pape ovol. | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | ly one couse per line for 101, (b), or D BY: | de Rock | la -11 | SETWEEN ONSET AND DEATH |
| W. PRESTON ST., the deoth certification by the attending pter termove carbon per cremotion, or remotine, or remotine even ther troumotic even | | IMMEDIA" | E CAUSE (0) | une son | carrier | 1 (omfolle |
| oth coth motion, or motion | | 1177 | DUE TO, OR AS A CONSEOU | ENCE OF & CANALL | | HALLER |
| PRES | | Conditions, if ony, which gove rise to immediate | (b) | | | |
| | | couse (a), stoting the underlying couse lost | DUE TO, OR AS A CONSEOU | ENCE OF | | |
| 201 ned heer th | | PART 2 OTHER SIGNIFICANT (| ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION | N GIVEN IN PART 1(a) |
| RDS, | NO O | | | | | |
| ECO ow r | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | | IF YES, WERE FINDINGS USED |
| ALR he loon. hos of persons | 州曹 | | | | YES NO NO | ERTIFYING CAUSES OF DEATH? YES \(\sigma \) NO \(\sigma \) |
| VITA NN TI hysicicate ircate rransit Hygi | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITE | M 18, PART 1 OR PART 2) |
| SICIA ng ph certifi riol-tr entol | 1 8 | (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 19 | | |
| DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN The law requires the attending physicion. After this certificate has been signed to sithe buriol-irronsit permit. Then please the and Mental Hygiene prior to buriol, for and Mental Hygiene prior to buriol, orked or Hem 18 shows any injury, or orked or Hem 18 shows any injury, or orked or Hem 18 shows any injury, or or | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC.) 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| NDII NS A Heoli | | | tol) attended the deceosed from | 2 9 and that in (1977) (aux) anising | 9 to Hely I | 19 7 g, that (we) lost |
| ATTE Spirtor CCTO 3 for n 21 | | | t view the body alter death. | , one mor in (leg) (cor) opinion | n death accurred on the date on | d hour and from the causes stated |
| OR OR DIRE | | 22b. SIGNATURE | 01 | DEGREE | MEDICAL STAFF | 224. DATE SIGNED |
| RAL dete | | cly | C 6. 11 | PHYSICIAN | DIRECTOR PHYSICIAN | J Stuly 19 |
| TO HOSPITAL Retained by the TO FUNERAL should be deto with the Store MADARTANT: If | 1 | EUGENE P. | ibre, M.D. | 10, 440 Con | nesticutaire, | Kinsiaton, Md. |
| H 5 5 5 3 3 - | 23a | BURIAL, CREMATION, REMOVAL | 236 DATE 23c | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | |
| BP | | Burial | 8-3-79 Ga | te of Heaven Ce | CITY OR TOWN | cing Maryland |
| DHMH - 16 50M 1/76 | 24. 1 | UNERAL DIRECTOR ROBER | T A. PUMPHREY | FUNERAL 250 P | TRU GBY G PIETRAR 25 | GISTHAR'S SIGNATURE |
| (VR A 15 (4)) | Н | OMES, P. A., | Bethesda, Mar | yland | , 4 5 10/3 | / |

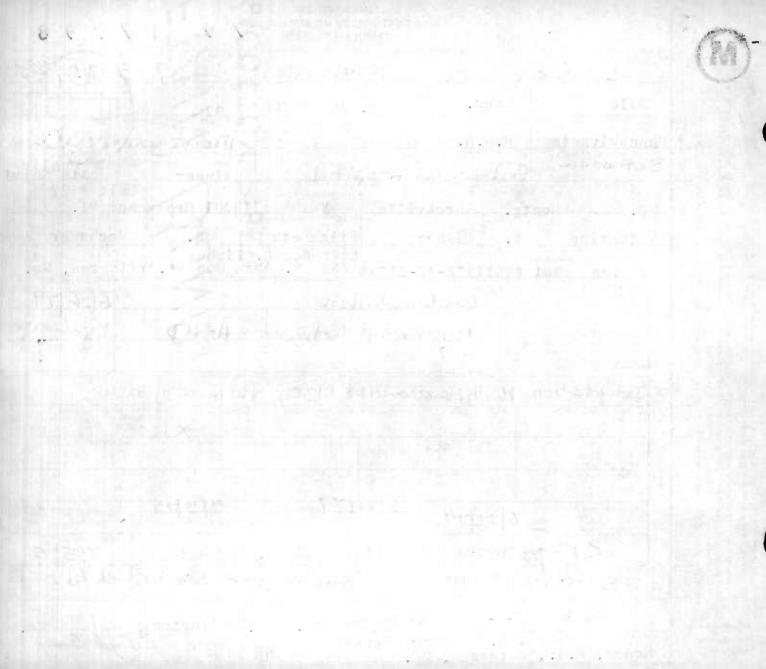
VIX 1 . W VERBER BURNER Bearing of 1 to wind the last of the contract Famerale 2 122 Waleston mond test that I was a manufacture of the second state of AND STREET STREET STREET STREET STREET The state of the s Bulliand Misseller . D. C. Seller

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE, FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH LIYPE OR PRINTI ESTI-DEATH MATED Reid Leonard Fincham DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR.) IF UNDER 24 HRS 3 SEX 4 RACE DATE 2d HOUR LAST BIRTHDAY) MONTHS PRONOUNCED 9:09P Nov. 20,1944 DEAD Male White 34YRS 30 19 79 70 BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Virginia USA WIDOWED ... DIVORCED Montgomery County 18. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OR INDUSTRY Rt. 270 & Falls Rd 9E Self-Employed Towing Service USUAL RESIDENCE (IF IN NURSING FOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3a STATE Tab. COUNTY 13c CITY OR TOWN Virginia Fairfax Falls Church YES [NO V 2741 Oldewood Drive 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE John Reid Fincham Helen Clark Ann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Falls Church, Virginia (YES, NO, OR UNKNOWN) 224-58-5365 No Fincham 2741 Oldewood Dr. Betty J. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:40. CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES X NO [] 216. TIME OF INJURY 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX. MONTH DAY YEAR UNDERLYING XXOR 30 19 79 pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, FTC.) EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARNILAND, 21201 PRI CITY OR TOWN COUNTY STATE .270 & Falls Rd street Mont MD 22a. I certify that I took charge of the remains described above, hard on Autopsy and in my opinion Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL M. Deputy ChiefMEDICAL EXAMINER 7/31/79 SIGNATURE EXAMINER'S NAME D. Smith, M.D. ADDRESS 111 Penn St. Thomas Balto. MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢, NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial National Memorial Park | Falls Church Eairfax Va BP. 250. DATE REC'D. BY REGISTRAR 236. REGISTRAN OUT SHOW THE AUG 0 6 1978 24. FUNERAL DIRECTOR Church, Va. **DHMH-17** (VR A15 ME (5)) 1102 W. Broad St., Falls Murphy Funeral Home 15M 7/76

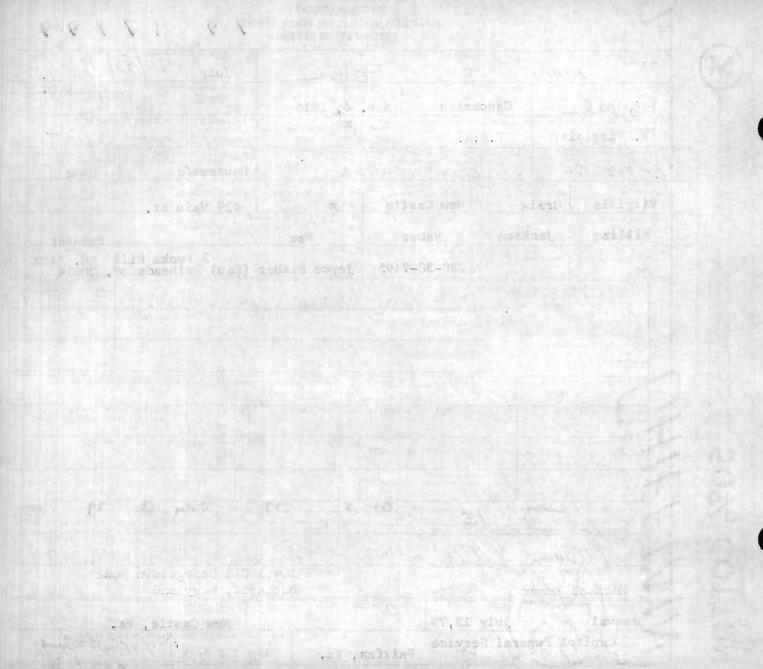




STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT awrence 3. SEX AGE (IN YEARS LAST BIRTHDAY) MONTH OAYS HOURS Male Cauc. 1886 26 Aug. 7g. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED XNEVER MARRIED Pennsylvania U.S.A. DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH Bethesda (TYPE OF WORK FOR MOST OF WORKING LIFE) Servi ban HOSOI PRESTON ST., BALTIMORE, MARYLAND 2120 Engineer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO [10201 Grosvenor Pl Rockville 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDOLE Machamer Elizabeth Valentine Fisher 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Lawrence L. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2850 S. Abingdon St. Arlington, Va. Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Mes IMMEDIATE CAUSE TO, OR AS A CONSEQUENCE OF 1100248C Canditions, if any, which gove rise to immediate DUE TO. OR AS A CONSEQUENCE OF cause (a), stating the underlying cause last PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, wmsnam edouce CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [buriol-fronsit p 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased glive an 624 79 19 sow the deceased alive on_ , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22h, SIGNATURE DEGREE 22c. DATE SIGNED Broom MEDICAL MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY BURIAL Arlington Nat Arlington Cem BY REGISTRAR 25b. RPC ISTRAR'S SIGNAL RE Robert A. Pumphæey Funeral DHMH - 16 50M 1/76 (VR A 15 (4)) Homes, P.A., Bethesda, Md.



| | 1 | | | | | STAT | E OF MARYLAND | | | | |
|--|---------------|--|--------------|-----------------------|---|--------------|------------------------------|--------------------------------|--------------------|-----------------|-------------------------------|
| , | 1 | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND MENTAL HY | rGIENTY 9 | 17 | 7 9 | 9 |
| (BA) | | ECEASED NAME PE OR PRINT) | FIRST | - | MIDOLE | L | AST | 20. DATE OF DEATH | MONTH DA | | b. HOUR |
| \$ [M] | 1 | | ARY. | , | C | Fi | Sher | Ju1y | 1/1 | 3/17/ | 03 AM |
| (om | 3. 9 | EX | 1 | RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST BIR | | | H UNDER 24 HRS |
| ge 4 ector | | Female | _ | Cauca | sian | Nov. | | 62 | YRS. | DININS OATS | NOURS MIN. |
| Pa dir | 70. | BIRTHPLACE (STATE OR FO | REIGN 7 | & CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY | R COUNTY | OF DEATH | |
| in 72 | 1 | W. Virgini | | U.S. | Α. | WIDOWE | | | neey | coun | 17 - MD |
| he fee | 10. | CITY OR TOWN OF DEA | TH 1 | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | ION | 126. KIND OF | |
| by the | 12 | RETHESDA | 7 | SUBUL | BAN HO | SPIT | PL. | Housewife | | Home | |
| 24 hou ould be might be | US 130 | UAL RESIDENCE (IF NURSI | 136 COUNT | THER INSTITUTION | GIVE RESIDENCE BEFORE | E ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | STORE S | | |
| n 24 fille hould | | Virginia | Crai | g | New Cast | tle | YES NO | 409 Main | St. | | WE LL |
| detely day | 114 | FATHER'S NAME | | IDDLE | LAST | | 15. MOTHER'S MAIDEN N | AME , MIDDLE | | LAST | |
| comple I and | 1 | William | 0 | kson | Baber | | Mae | | 500 | Paint | er |
| Poges | 160 | WAS DECEASED EVER I | | MED FORCES? | 166 SOCIAL SECU | | 17, INFORMANT | 3 Poo | aks Hil | 1 Rd. | #402 |
| be on o | | No | | | 228-30-7 | 495 | Joyce Fishe | r (Dau) Beth | iesda M | d. 2001 | 4 |
| ficate hysica paper avol. | | 18 CAUSE OF DEATH PART I. DEATH WA | Enter only | one couse per | line for 101, 161, and | dic _ | 0 | 011 | | | SET AND DEATH |
| on on eve | | | MMEDIATE | | ne tasto | 2775 | Carcinoma | of the L | una | 13 X | ears |
| death c attendir ove corl | | 1601 | | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | |
| the deat the atter remove c emation, er troum | | Conditions, if any, gove rise to imm | ediote | (b) | | | | | | | |
| s that the death ce ed by the attendin alease remove carb rial, cremation, or or other traumatic | | couse (0), stating underlying couse | lost. | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | |
| gned to pleo buriol, ry, or o | | PART 2 OTHER SIGN | IFICANT CO | ONDITIONS CO | ONTRIBUTING TO F | DEATH BUT | NOT RELATED TO THE TER | PAINAL DISEASE OR CON | DITION GIVE | N IN PART 1/a) | |
| and the si | No | | WICANI CO | 51101110110 <u>CC</u> | 211111111111111111111111111111111111111 | 227777 | THE RELATED TO THE TE | WITH A DIDEAGE ON COIL | 0.11011 0112 | | |
| priory | T E | 19a. DATE OF OPERAT | ION | 196 COND | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200. AUTOPSY? | 206. IF YES, | WERE FINDING | S USED |
| ws pee | CERTIFICATION | | | | | | | YES NO | YES | | NO 🗌 |
| ICIAN: The g physician phy | | OR CONTRIBUTING | | 21b. TIME O | | AY YEAR | 21c. HOW INJURY OCCU | JRRED (ENTER NATURE OF INJU | RY IN ITEM 18, PAR | RT 1 OR PART 2) | = #1 25 P.B |
| SICIAN: ng physicertificat ricol-tran ental Hy hem 18 | N N | (IF EITHER, NOTIFY MEDICA | | Р. | | 19 | | | | | |
| o de la | MEDICAL | 21d. INJURY OCCURR | | 21e. PLACE | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | 21f. LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| DING P or ofter the os the olth one morked | | AT WORK AT WOR | к — | | | | | | 43 | 70 | |
| Z- S- F- S | | 220.1 certify that (1) saw the decease | | oryended the | e deceased fram | Oct- | nd that in (my) (our) opinio | 10 July | 13 1 | 7 | at (1) (we) t ost |
| ATT ATT A fo d fo m 2 | | abave, (1) (we)-(d | d) (did not) | view the body | ofter death. | | DEGREE | on death occorred on the o | are ona noor | 22c. DATE SI | |
| The De he | | 110.31011/19 | the | 0 /// | 1/11/ | MI | ATTENDING | MEDICAL STA | | 17/12 | ma |
| = 0 111 110 2 | + | 22d. PHYSICIAN'S NA | ME (TYPE OR | PRINTI | MIL | 1111 | 220 ADDRESS 104 | DIRECTOR PHYSI | | 1/1/21 | 111 |
| TO HOSPITAL retoined by the TO FUNERAL should be derived the With the State | 1 | Michael | , | | | | | Ol Old George nesda, Maryla | | load | |
| shoe shoe | 230 | BURIAL CREMATION | | 23b. DATE | 23c N | NAME OF C | EMETERY OR CREMATOR | 23d LOCATION | | | |
| BP | 130 | (SPECIFY) Removal | L.M.O.TAE | | 13,79 | | - STATE OF CHEMICION | New Cas | | OUNTY | STATE |
| DHMH - 16 50M 7/77 | 24 | FUNERAL DIRECTOR | 1 P. | | | 37.5 | 25e. D. | ATE REC'D. BY REGISTRAR | | | ye . |
| (VR A 15 (4)) | | Panie | 1 Pun | Course | TV TOPRESS | airfa | x. Va. | 111 118 1979 | Ting | ray / see | |
| | Barrier . | | | | 7 | | | | | - | - |



500 UNIV.BLVD., W., SILVER SPRING. MD. 20901

STATE

DHMH - 16 60M 7/73

(VRA 15(4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FEVALE OWITE OUT 1919 SELECTION 11.5.A.

REMANDE HONDONERY GHEVY CHASE X STIT INESTION PLACE

JOHN E. CLARK ALTA L. SMELLY

10 STITE 2003 TOSERY 2, FITTENTYLICK STALE VS 13 NUSSAND

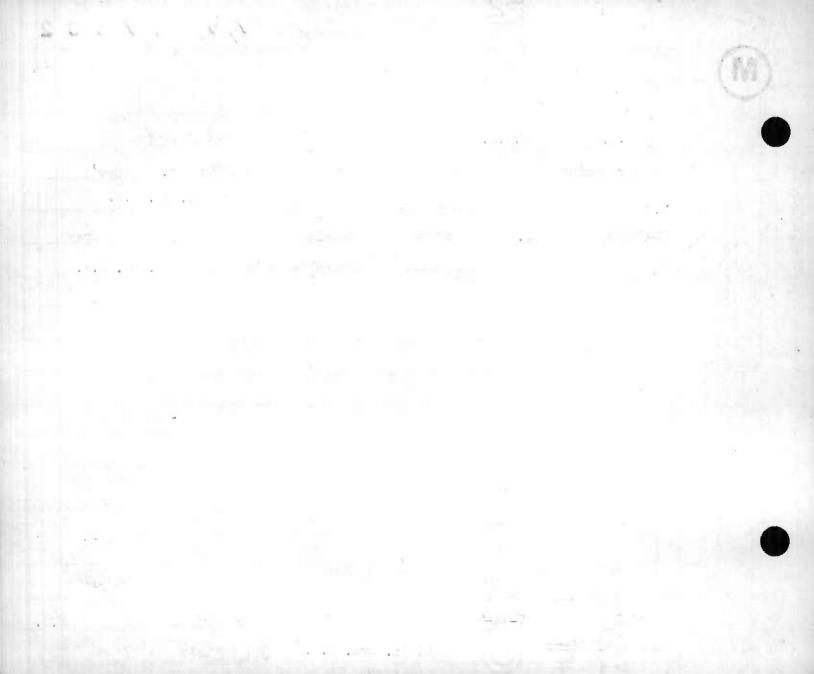
AN AND GEORGIA AVENUE, SILVER SPRING, NO.

GURILA 7/24/79 F. LIVOOLV BREFINGED FOR GAT VO FAX:SING. F. SELVET SPRING. W. 20204

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2a DATE OF DEATH MONTH 7h. HOUR (TYPE OR PRINT) YARU/a 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER LYFAR AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS MONTHS DAYS HOURS To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR GOVT (RATICED USUAL RESIDENCE IF NURSING HONE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 138. STATE 136. CDUNTY 136. CITY OR TOWN INSIDE CITY LIMITS? 13e STREET ADDRESS DEVON NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE CASEBOL -LICIKINGER ANDIS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT I LIF YES, GIVE WAR OR DATES) APPROXIMATE INTER CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which abve rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INVART 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? * NOD YES T NO 216. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET COUNTY STATE NOT WHILE 22a.1 certify that/(1) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (idd) (idd not view the body after death and that in (my/ (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR | PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS £ 23e. BURIAL, CREMATION, REMOVAL 23d LOCATION 236. DATE 13c. NAME OF CEMETERY OR CREMATORY AND ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/78

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE **

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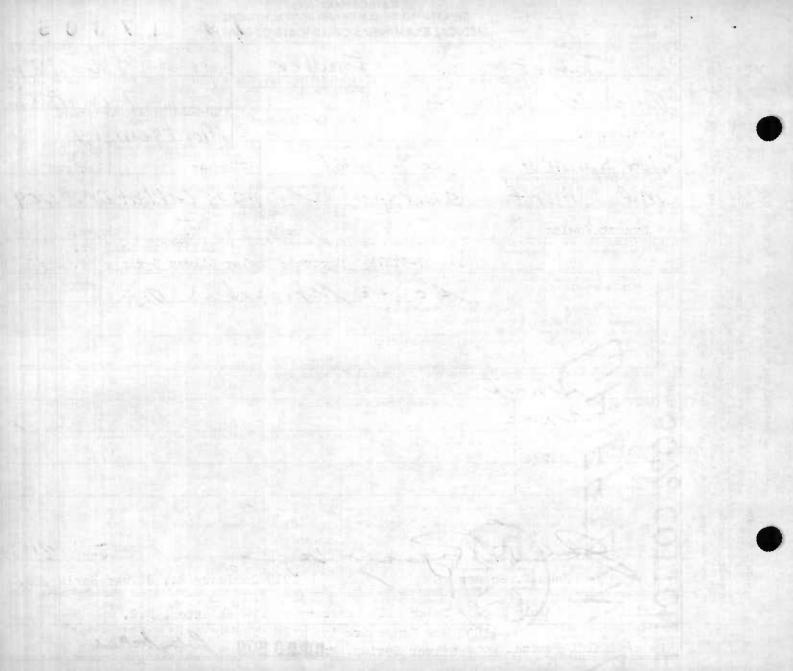
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH LAST YEAR 2b. HOUR I. DECEASED NAME (TYPE OR PRINT) July 15. H. Fordham John AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH 3. SEX 4 RACE MONTHS DAYS HOUR5 MONTH 1893 White May Male 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTNEW York USA Montgomery WIDOWED DIVORCED [126 KIND OF BUSINESS OR INDUSTRY Postal IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT SEVENTIAND SYNSTREM OS SON tal (TYPE OF WORK FOR MOST OF WORKING LIFE) Bethesda retired Service MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 13b. COUNTY 136 CITY OR TOWN Maryland 3 Cleveland Court Rockville Montgomery IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME C MIDDLE MIDDLE Smith Fordham Lenore Harry 17 INFORMANT ADDRESS 16h SOCIAL SECURITY NO MAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES GIVE WAR OR DATES (YES, NO OR UNKNOWN) 117 36 8073 Roy E. Fordham same as 13e no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY W. PRESTON ST., IMMEDIATE CAUSE DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 CERTIFICATION 20a AUTOPSY? 20h JE YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? à Weases and NOID Mental Hygi 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IE EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21e. PLACE OF INJURY 21d INJURY OCCURRED COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram_ and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated saw the deceased alive an above. (1) (we) (did) (did not) view the body offer de 22c. DATE SIGNED DEGREE 276 SIGNATURE MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Should be detor MPORTANT 22d PHYSICIAN'S NAME COPPED 615 W. Montgomery Ave. Rockville, Md. Kwang S. Kim 23b. DAJE/20/79 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIEY) BULLAL Brook Haven Cemetery Setauket COUL. I. New Yor 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 Tyson Wheeler Funerals Home, Inc. (VR A 15 (4)) 1331 Rockville Pike Rockville, Maryland

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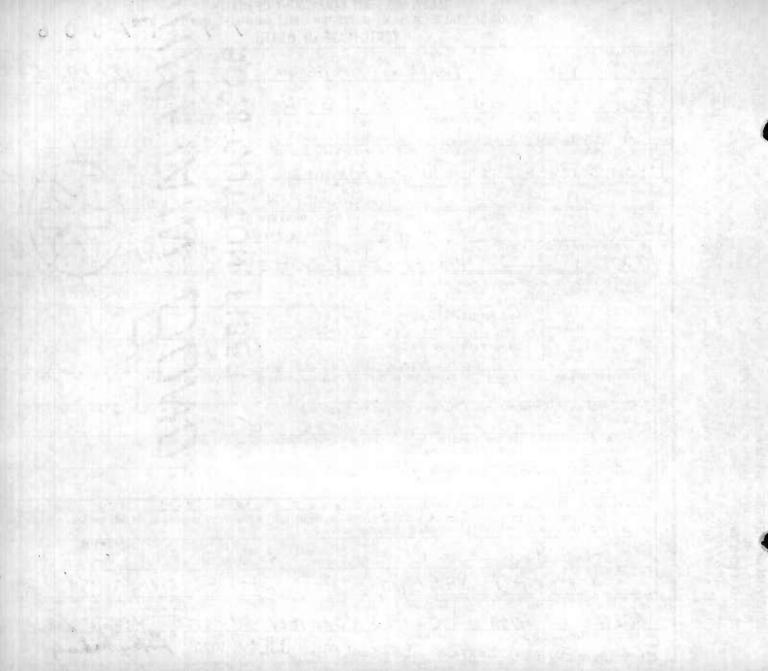
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN Caulev LTYPE OR PRINT) OF ESTI-24 19 79 XXXX KXXX Harvey Fountain, Jr. 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS SEX 24 HOUF 8:30 2c. DATE PRONOUNCED Dec. 18 1952 26 YRS White Male 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF MARRIED XXNEVER MARRIED FOREIGN COUNTRY) Montgomery County, Maine USA DIVORCED IO CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION | TYPE OF WORK | 126 KIND OF BUSINES OR INDUSTRY Holy Cross Hospital Silver Spring Electrician Electrickx USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. INSIDE CITY LIMITS? 130 STREET ADDRESS 13b. COUNTY Maryland Montgomery . Spring NO 10117 Capt. View Avenue YES 15. MOTHER'S MAIDEN NAME MIDDLE Cauley (unknown) Fountain 7 INFORMANT 16h SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? same as (YES, NO. OR UNKNOWN) Viet Nam 261-02-9402 Margaret M. Fountain -wife-13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 216. TIME OF INJURY HOUR XX MONTH DAY YEAR 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR VARTA 24 19 79 Driver of auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 7:25P.M. 21e. PLACE OF INJURY (AT HOME. II LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) Fairland Rd. Silver Spring, Montgomery, Md street 22a. I certify that I took charge of the remains described above, held an Hamicide Undetermined manner TITLE (SPECIFY) 7/25/79 Assistant MEDICAL EXAMINER 111 Penn Street Hormez R. Guard, M.D. 230 BURIAL CREMATION REMOVAL 1230. DATE 23c. NAME OF CEMETERY OR CREMATORY 7-27-1979 Mt. Olivet Cemetery Burial Washington. Warner E. Pumphrey Inc. VR A15 ME (51) 8434 Ga. Ave., S.S. Md. 15M 7/76

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME EIDST 20 DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 0 02 DEAD Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Wash. D. C. USA DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LINE Plumber | Retired 136 COUNTY 130. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITES? 13e. STREET ADDRESS NO T OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Ernest Fowler Annie R. Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. 11235 Oak Leaf Dr. (YES, NO, OR UNKNOWN) 578-07-9237A Gertrude Fowler Silver Spring, Md. 2090] No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DYNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, OF YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE Po 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian ARYLAND. Natural causes death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL I
AFTER DEATH,
BALTIMORE, MA John S. Rogers EXAMPLER'S NAME 1919 Seminary Rd. Silver Spring, Md. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Washington, D.C. STATE Buria1 July 19,79 Cedar Hill Cemetery BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 11800 New Hampshire Ave **DHMH - 17** (VR A15 ME (5)) Hines/Rinaldi Funeral Home Silver Spring, Md 15M7/77



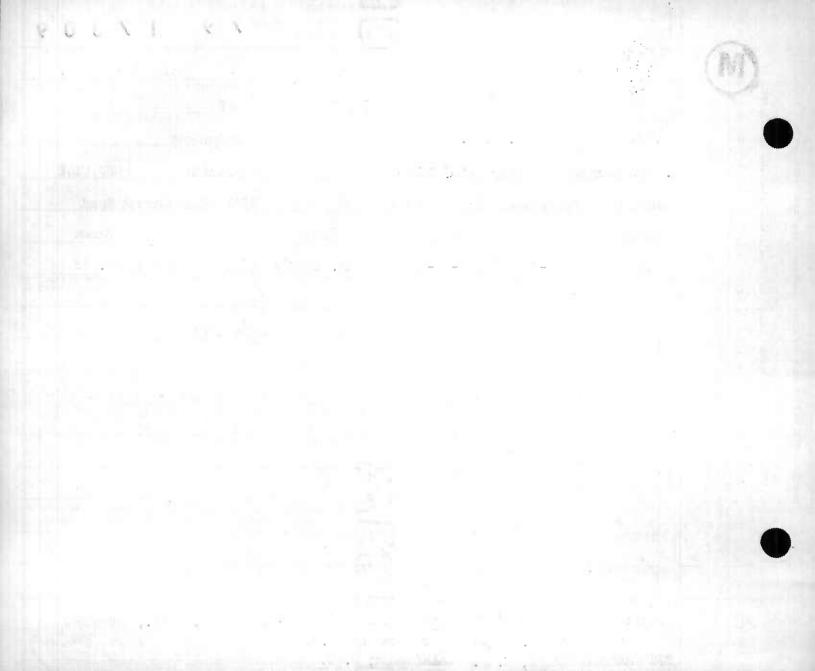
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| ath. | | EASED-NAME pe or print) | Vicki | | *Middle | | FIFE me | | o. DATE OF DEATH | Pay | Xegg | 2b. HOUR |
| 0 | 3. SE: | Fem | ale | 4. RACE | ucas | | S. DATE OF BIRT | H 2 - 19 | 43 6. AGE (In last birth | | IF UNDER 1 YEAR AONTHS DAYS | IF UNDFR 24 HRS. HOURS MIN |
| 13 | 7o. B caun | RTHPLACE (Store | or foreign homa | 7b. CITIZEN OF | WHAT COUNTRY? | | IED NEVER MARRI | | OUNTY OF DEATH | | 0 1 1 | Md |
| // | To | Kom of | a Par | K 91 | NAME OF HOSPITA | na tan A | (If not in haspital | during most o | CCUPATION (Kind of wife working life, even if | ork done retired.) | 12b. KIND OF E | Susiness OR |
| 4/ | admis | sian) STATE - | D.C. | ed lived it inst 13b. COUNT | itutian: Residence | before 13c CITY | OR TOWN 13 | INSIDE CITY LIMITS? | 13e. STREET AND N | JMBER 3+45 S | +,,5, | E. |
| 7/ | F | ther's name | First | Middle | k | Last CODF | IS. MOTHER'S MAIL | DEN NAME First | ·Irer | Middle (| Lust | Last |
| 3 | Ye | s, no, or unknaw | * 200 | ar or dates of service) | 499-0 | 14-028 | 17. INFORMANT 2. Ken | Haff | . 7516 Cl; | Address, no | 3 Cro | ss Rd. |
| | | PART 1. DE/ Landitians, if ar ise ta immedi- tating the uncast. | ATH WAS CAUSED IMMEDIA Ty, which gave ate cause (a), derlying cause | DEY: TE CAUSE (a) DUE TO, O (b) DUE TO, O (c) (c) | R AS A CONSEQUE | ratory NCE OF NCE OF | Failur 7 Rt. | Lung | = Lymp sole Metas | h Jasis | BETWEEN ON | IATE INTERVAL SSFT AND DEATH |
| h | | | | | | | | | TION GIVEN IN PART 1 | | | |
| 7 | RTIFICA | 9a. DATE OF OPE | | | WHICH OPERATION | | 20a. AUTOPS | NO P | 20b. IF YES, WERE I CAUSES OF DEATH? | 1 | | ETIFYING |
| 7 | EDICAL | OR CONTRIBUTING | WAS UNDERLYING CAUSE OF DEATH medical examin | HOUR A.f | М. | Year 19 | | | ure of injury in Part 1 | ar Part 2, Ite | m 18.) | |
| | 0 | 21d. INJURY OCI While Nat v t wark at w | vhile 🗆 | PLACE OF INJUR | OFFICE BUILDING, | | | or R.F.D. No. | City or Town | | County | State |
| | | sow the | deceased of | ive on | ttended the de 7 - 12 d) (did not) view | 1979. | and that in (my) | , 19 <u></u> , (our) opinion | deoth occurred o | , 19_Z n the dote | ond hour o | (I) (we) lost nd from the |
| , | | 2b. SIGNATURE | 1.56 | au. | - M |) 0 | EGREE ATTENDING PHYS. | MED. DIRECT | OR STAFF C | - | TE SIGNED | 79 . |
| / | | 2d. PHYSICIAN'S NAME (Type | HHI | MAD | SHA | MIM | 22e. ADDRE | 200 | | eade | Rd. | Laure |
| | | SURIAL, CREMATI REMOVAL (Specific SURIAL SUBSCITO | ON, 23b. D | 115/79 | C | ME OF CEMETERY | CEMETE | RY C | ANTON (City or To | 1517 | (County) | (State) |
| (4) | | | IG EN AL | | | BENSO | N. MD. 25 | JUL 1 3 | 1979 25b. | GISTRAR'S SI | TATUDE | L. |



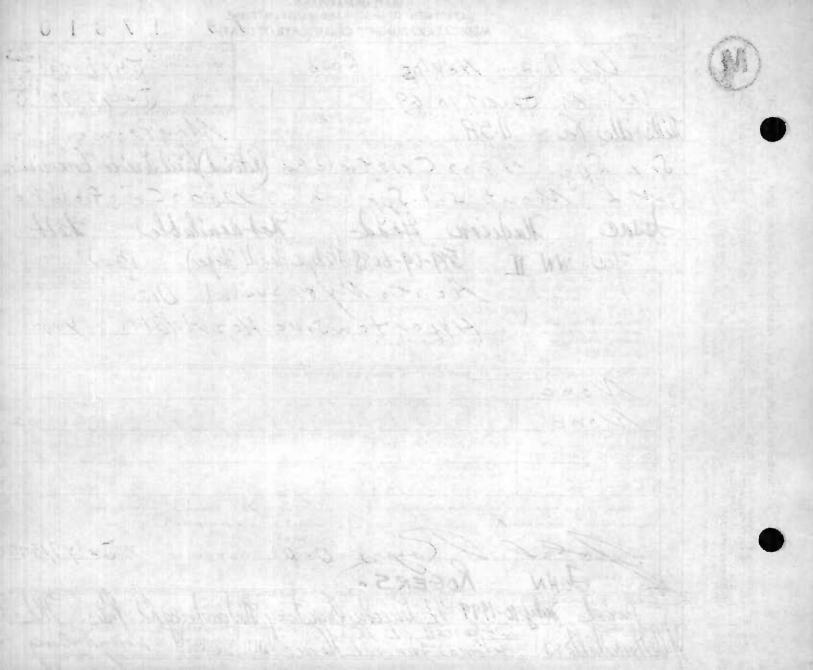
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 5:45 197 Laurance C. Garver July 24 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) VEAR HOUR5 white 15 1908 70 Male Oct. IN BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania DIVORCED [Montgomery USA WIDOWED 10 CITY OF TOWN OF DEATH 1, NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1505 Korth Place Tools Spring Tool maker DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13n STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Sil Spring YES X 1505 Korth Place Marvland Montgomery IS MOTHER'S MAIDEN NAME 4 FATHERS NAME (unknown) VIDEB. Garver Harry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) Inone WAR OR DATES) 577-58-9281A Frances B. Garver-wife-(same as 13e) 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY alcino IMMEDIATE CAUSE Conditions, if any, which aduon gove rise to immediate couse 101, stating DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Intol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a I certify that (1) (this haspital) attended the deceased from JULLY 11 sow the deceased alive on ___ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (and total (did not) view the body after death 22b. SIGNATURE DEGREE 22c, DATE SIGNED + ATTENDING should be deto with the State I DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) FFN70N STREET 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY STATE 7-26-1979 Rock Creek/Cemetery Washington, D.C. BP Burial DHMH - 16 60M 1/75 Pumphrey, Incom (VR A 15 (4))

DEPARTMENT OF HEALTH AND MENTAL HYGIENE. FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME a. DATE KNOWN TYPE OR PRINT Gibson ESTI-DEATH MATED SEX IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD YRS TO BIRTHPLACE (STATE OR WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Pennsylvania USA WIDOWED DIVORCED 1126. KIND OF BUSINESS I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OF WORK OF INDUSTRY Sheet Metal Worker USUAL RESIDENCE (IF NG HOME OR OTHER INSTITUTIO 13b. COUNTY 13a. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Thomas Florence West 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS wife (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 200-32-6816 No Alberta Gibson same as 13e APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIE DUE TO, OR AS A CONSEQUENCE OF AND MENTAL HYC BURIAL-TRANSIT Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 29. AUTOPSY? OF TO BURIAL YES [] WARDED TO THE CAGE 3 SHOULD BE TATE DEPARTMENT C 88 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOURDA.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY AT WORK AT WORLE STREET, FACTORY, FARM, ETC. STATE & ME 220. I certify that I took charge of the remains described above, held on Inspection WITH THE Vand in my opinion DIRECTOR death resulted fram: Notural couses Accident Undetermined manner Hamicide TITLE (SPECIFY) ACTUAL PAGE A SHOU TO FUNERAL DAFTER DEATH, SIGNATUR MEDICAL EXAMINER John S. Rogers. 1919 Seminary Rd. Silver Spring. ADDRESS. 0 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY Jul. 17, 1979 Gate of Heaven Cemetery Silver Spring Md Burial Mont ΒP Francis J. Collins **DHMH-17** (VR A15 ME (5)) 500 University Blvd. W. Silver Spring, 15M7/77

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH? REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-09 SEX IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR TOWN OF DEATH RECORDS, SHOULD 13d INSIDE CITY LIMITS? NO 1 AND 2 SI IS. MOTHER'S MAIDEN NAME INFORMANT DIVISION PAGES APPROXIMATE INTERVAL 18 CAUS OF DEATH (Enter only one cause per line for BETWEEN ONSET AND DEATH PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) a BURIALTRA.
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OR REMOVAL. Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? QF. BURIAL, YES NO DU 3 SHOULD BE DEPARTMENT 21b. TIME OF INILIRY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE PAGE STATE 212011 DIRECTOR: 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL DAFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER YPE OR PRINTY ADDRESS. 5.5IGNATURE **DHMH-17** (VR A15 ME (5)) 15M7/77



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| L | REGISTRAR | | | CERTIFICATE (| OF DEATH | REG | . NO. | , 0 | | |
| | DECEASED NAME FIRS | | OLE | CI = 3 = 3 | | 20. DATE OF DEAT | | DAY YEAR 1979 | 26. HOU | |
| | Mo: | | | Godel | | , | 3:0 | 7.1 | | |
| 3 | SEX | 4 RACE | | | AY YEAR | AGE IN YEARS LAST | BIRTHDAY) | MONTHS DAYS | | 24 HRS |
| - | Male | White | | Dec. 1 | 9 1894 | 84 | YRS | | | |
| 7 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Rumania | U.S. | A. | MARRIED NEW | DIVORCED [| 9 BALTIMORE CIT | mery | Y OF DEATH | | MD. |
| | ethesda | I NAME OF HO | SPITAL, NURSING | DDRESS) Rd. | INSTITUTION | 120 USUAL OCCUP (TYPE OF WORK FOR MC) Retir | ATION IST OF WORKING II | 12b. KIND (INDUSTRY Deco: | Int | erior |
| i i | SUAL RESIDENCE HE NURSING HO 30 STATE 131 C | COUNTY 13 | ve residence before le. CITY OR TOWN Bethesda | 1 134 INSI | DE CITY LIMITS? | 134. STREET ADDRE | | Rd. | | |
| 0 | FATHER'S NAME M FIRST endel | WIDDLE | Godel. | | HER'S MAIDEN NA FIRST NKNOWN | ME | E | // | sı enspa | n |
| 10 | WAS DECEASED EVER IN U. | S. ARMED FORCES? 16 | SOCIAL SECUP | RITY NO. 17 INFO | RMANT | AD | DRESS | | | |
| | No | | 216-74-3 | 522 Jac | ques L Go | odel, Son. | Same a | s item | 13. | |
| | Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause los | the (b) | AS A CONSEQUE AS A CONSEQUE OF THE OS OTRIBUTING TO D | failes Clerotic | Lecolt ATED TO THE TERM | VI LOTE | ONDITION GI | 2 2 | yea 101 | the s |
| Σ | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYIN | | DN FOR WHICH | OPERATION WAS PE | ERFORMED | 200 AUTOPSY? | IN CERTI | S, WERE FIND | INGS USEI S OF DEAT | TH? |
| | | OF DEATH HOUR A.M. | NJURY MONTH DA | | W INJURY OCCUR | RED (ENTER NATURE OF | INJURY IN ITEM 18, | PART I OR PART 2) | | |
| | OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATION OF LIFE CAUSE OF LIFE | 21e. PLACE OF LAT HOME, STREET | INJURY , FACTORY, OFFICE, FA | RM, ETC.) 211 LOC | ATION REET | CITY OF | RTOWN | COUNTY | 51 | TATE |
| | 220. I certify that (I) (this saw the deceased olivation above (I) (we) I did (Id | e date and har | ur and from the | | , | | | | | |
| | 226. SIGNATURE | | DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7-3.79 | | | | | | | 9 |
| 1 | /AKARE | BARR | | | 3104 | Brook | Jaw: | 2 /e1 | Chers | other |
| | Burial, CREMATION, REMO | 7/6/197 | 9 Ki | ng David | Memorial | Park LOCATION | | | | ia. |
| M 2 | 4 FUNERAL DIRECTOR | JOSEPH GA | WLER'S S | ONS INC. | 250. DA | TE REC'D. BY REGISTE | ARTSD. REGIS | JARY AGY | NO Cha | 4 |

DHMH-16 20M (VRA 15, 4) 7/78

JOSEPH GAWLER'S SONS INC. 5130 WISC. AVE., N. W. WASH., D. C. 20018

11011 41 . not Inc. The second of th Att the self of the self to the self.

DEPARTMENT OF HEALTH AND MENTAL HYGLENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X . DECEASED NAME 2b. HOUR (TYPE OR PRINT) OF ESTI-Ricardo 19 79 Goodge C (IN YEARS 4 RACE SEX IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED male nWhite DEAD 19 79 4. 1979 YRS 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D. C. U. S. A. WIDOWED DIVORCED Montgomery County 10. CITY OR TOWN OF DEATH ILANAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Takoma Park, Washington Adventist Hospital Infant. USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 30. STATE COUNTY 13c. CITY OR TOWN Pr. Maryland George Hyattsville YES 4 NO 🗌 15 Ave. Hyattsville 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST Gerald Goodger. Hazel Campbell 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No. Mike Goodger Uncle 18 CAUSE OF DEATH (Enter only one couse per line far_(a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Sudden Infant Death Syndrome IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XT NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK Autopsy X 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion death resulted from: Natural causes Accident Homicide Undetermined monner TITLE (SPECIFY) 7-28-79 ASSISTANT SIGNATURE XAMINER'S NAME GUARD ADDRESS. DHMH - T7 (VR A15 ME (5)) T5M 7/76

STATE OF MARYLAND

o to the water Fig. 1 to the second second of the termination of the state Charles Clement . Joseph . . . Townson Coloni Proposition Hills

Chambers Co., Silver Spring

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

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STATE

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IF UNDER 1 YEAR

INDUSTRY

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YES

COUNTY

22c, DATE SIGNED

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7:20p

Govt.

20 DATE OF DEATH

FOR

- STATE

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

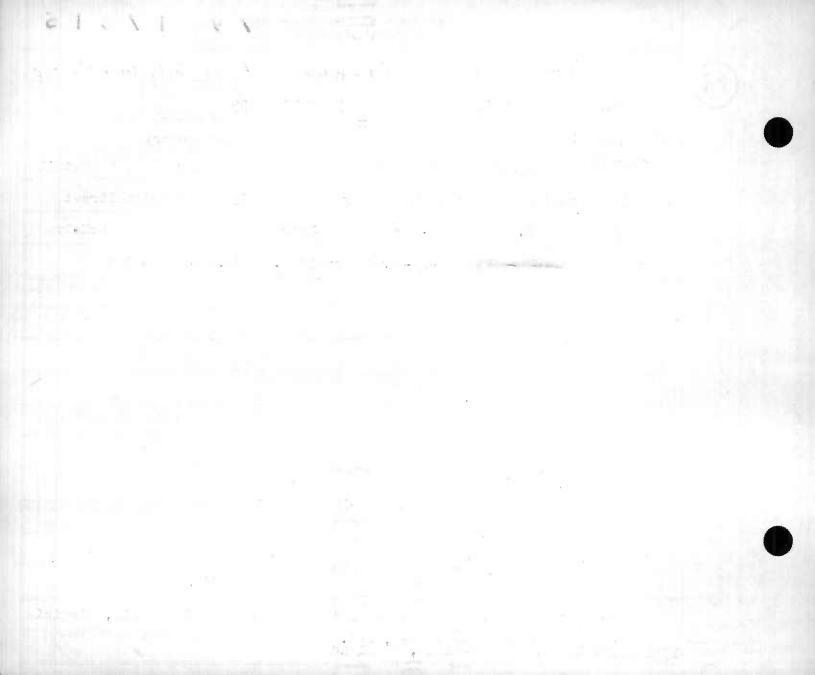
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



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| STATE OF MARYLAND | |
|-------------------------------------|------|
| PEPARTMENT OF HEALTH AND MENTAL HYG | IENE |
| CERTIFICATE OF DEATH | |

| STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | EN | 9 REG. |
|--|----|---------------|
| LAST | 2a | DATE OF DEATH |
| CDIEEITH | | 1 1 |

| | | | | | | | R. | EG. NO. | | | | |
|-------------------------|------------|----------------------|-----------|-----------|-----------------|--------|-------------|---------------|---------|------------|----------|----------|
| 1. DECEASED NAME | FIRST | MIDDLE | | LAST | | 2a DAT | E OF DE | нтиом НТА | DAY | YEAR | 26 HOL | UR |
| | Ruby | C. | (| GRIFF | FITH | | July | 27 | 19 | 79 | 6:2 | 28A |
| 3. SEX | THE PARTY | 4 RACE | 5 | DATE OF B | BIRTH | 6 AGE | (IN YEARS L | AST BIRTHDAY) | IF UNE | DER I YEAR | IF UNDER | R 24 HRS |
| Female | | Caucasia | n | April | 22 1924 YEAR | 55 | | YRS | | S DAYS | HOURS | MIN |
| 7a. BIRTHPLACE (STATE O | OR FOREIGN | 76 CITIZEN OF WHAT C | OUNTRY? 8 | MARRIEDX | X NEVER MARRIED | 9 BALT | IMORE C | ITY OR COUN | TY OF D | EATH | | |

USA New York NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)

WIDOWED

Montgomery (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWIFE

126 KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

Bethesda National Naval Medical Center 13a. STATE

CITY OR TOWN Severna Park Anne Arundell YESXX

15. MOTHER'S MAIDEN NAME

816 Cottonwood Drive

160. WAS DECEASED EVER IN U.S. ARMED FORCES? No

Cardio-respiratory arrest

William W. Griffith See Item 13

MIDDLE

Canditians, if any, which gave rise to immediate cause iai, stating the underlying cause last

19a DATE OF OPERATION

21d. INJURY OCCURRED

22d PHYSICIAN

- STATE

Maryland

A FATHER'S NAME

Widely disseminated mixed Mullerian Sarcoma DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

| O. ACCIDENT WAS UNDERLYING ACCONTRIBUTING ACCOUNT CAUSE OF DEATH | 216. TIME OF INJURY |
|--|---------------------|
| CONTRIBUTING CAUSE OF DEATH | HOUR A.M. MO |
| | D |

22a I certify that ((this haspital) attended the deceased from

NTH DAY YEAR 21e PLACE OF INJURY

19.79

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC &

211 LOCATION

MEDICAL

20a AUTOPSY?

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

YESX

STATE

226. SIGNA

ATTENDING PHYSICIAN 22c. DATE SIGNED uly 27,1979

206. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

230 BURIAL, CREMATION, REMOVAL 236. DATE 22e. ADDRESS

23t. NAME OF CEMETERY OR CREMATORY

Arlington National

DEGREE

National Naval Medical Center, Bethesda, Md. 23d LOCATION

STAFF

CITY OF TOWN

and that in (ny) (aur) apinian death accurred an the date and hour and from the causes stated

DIRECTOR PHYSICIAN

Arbinaton

Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))

CERTIFICATION

00

Barranco Funeral Home

Severna Park, Md.

Arlington



And a Color of Annual meaning and and 40.00 PT 1 TO 1814 THE CHITTENING TO 10 WELL ferelo Crucasion Avil 22 1924 England Anna Arundal Swerne Pank as a color of tomics & Color William . Briffith . See item 13 Widely dispersions to mixed Willerian Services LETTER YEAR A SECOND TO SECOND THE SECOND TH

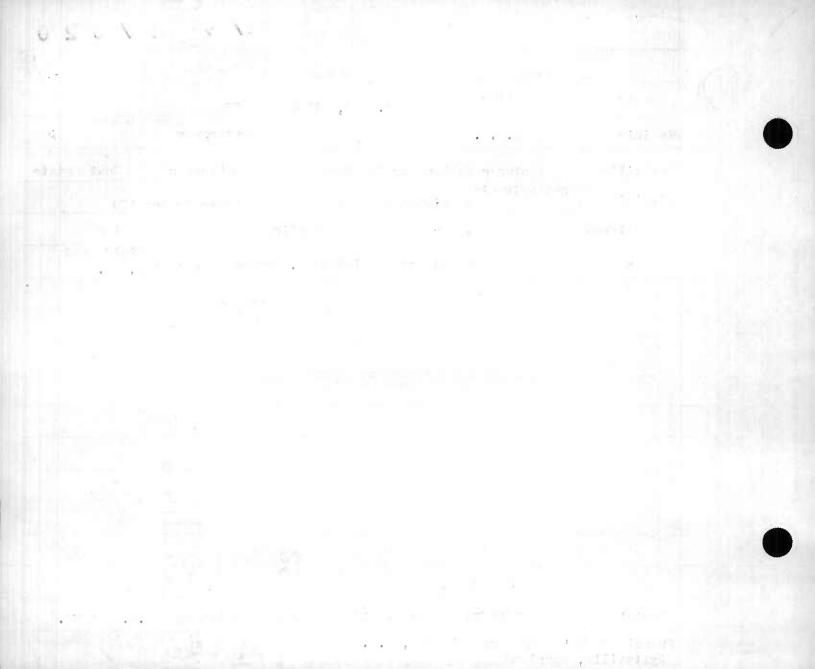
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CAUCADIAN STREET SAIDAD VINCINIA D.F.A. LARYLAND MONTOCHERY ROCKVILLE X SILVEDOR YEROATHOOD DR. . SHURR SHIPLAS, THE DALLY PERSON LASSE THE REPORT OF THE PARTY OF THE ACCURATE A PURE PARENT TATES PARENTE A TRUSCOR



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| ланбал55 | | 3.00 | Manual Communication | Karel |
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Cronction Two 19 1979 Vetworkiem Cromatern Nexaultia Francis I. C. Litu 500 University Ray C. Cilver S. Gray Ud.



| יו | - STATE REGISTRAR | | ME | DICAL EXAM | NINER'S | ERTIFICATE (| OF DEATH | REG. NO. | 8 | 2 |
|---------------|---|-------------------------------------|-------------------------------|--|-------------------|--------------------------------------|---------------------------------------|-------------------------------|----------------|---|
| | DECEASED NAME | FIRST | | WIODLE | | LAST | 20. DATE | KNOWN ESTI- | MONTH DAY | YEAR - 26. HOUR |
| | | Thel | | L | | Haas | DEAT | H MATED | | 1979 1 M |
| | F | 4. RACE | 5. DATE OF BIRTH | VEAR LAST B | RTHOAY) MONTH | HS DAYS HOURS | R 24 HRS. 2c. DA MIN PRONOI DE/ | JNCED | 7 19 | YEAR Zd. HOUR |
| 7 70. | BIRTHPLACE (ST FOREIGN COUNTRY) WASHING | | C. U.S | | 8. MARRI WIDOW | IED NEVER MARE | RIED 📋 | MORE CITY OR | COUNTY OF D | DEATH |
| 10. | Silve | OF DEATH . | 11. NAME OF HO | SPITAL, NURSING H ACILITY, GIVE STREET ADDR | OME, OR OTH | ER INSTITUTION | | UPATION (TYPE OF ORKING LIFE) | WORK IN KIN | ND OF BUSINESS R INDUSTRY |
| | UAL RESIDENCE (STATE | IF IN NURSING HOME | | 13c. CITY OR TOW | MISSION) | 13d. INSIDE CITY LIMITS? | 13e. STREET ADD | | | TARREST STATE |
| 74 | Marylar FATHER'S NAME | nd Mon | tgomery | Silve | r Spr | YES NO | 212 Hi | 11more | Dr. | |
| C | FIRST | TOHN | WIDDLE | WHITE | | 15. MOTHER'S MAID FIRST HATTIE | | MIDDLE | BARKER | LAST |
| 160 | WAS DECEASED (YES, NO, OR UNKNOWN) | EVER IN U.S. AF | MED FORCES? E WAR OR DATES | 213-74- | | JOHN E. | HAAS | SAME AS | 13 H | HUSBAND |
| | 18. CAUSE OF PART I DE | ATH WAS CAUSE | D BY: | e for (a), (b), and (c). | · | . AAV- | | 1 12 | BETW | PPROXIMATE INTERVAL VEEN ONSET AND DEATH |
| | 1429 | IMMEDIA | TE CAUSE (a) | R AS A CONSEQUEN | ICE OF | - 100 yo | Carval | 21 1 | -3 | |
| | | s, if any, which | | | | | | | | |
| | cause (a) lying cous | stating the <u>under</u> e last. | DUE TO, OF | R AS A CONSEQUEN | ICE OF | | | | | |
| | PART 2 DIHER SIG | NIFICANT CONDITIONS | CONTRIBUTING TO DEATH | RIT NOT RELATED TO THE | TERMINAL MISEASI | E DR CONDITION GIVEN IN P | APT 1 (a) | | | |
| Z | | Caro | inon | | PI | 2./1/12 | 6 | | | |
| CEPTIFICATION | 19a. DATE OF | OPERATION | | ITION FOR WHICH C | PERATION W | AS PERFORMED? | | | 20. A | UTOPSY? |
| | | | | | | | A COLOR | | | YES NO NO |
| 3 2 | UNDERLYING | L CAUSE WAS | | M. MONTH DAY | YEAR 21c. HC | DW INJURY OCCURR | ED (ENTER NATURE OF | INJURY IN ITEM 18 PAR | [] OR PART 2) | |
| MEDICAL | 21d. INJURY O | CCURRED | | A. 19 OF INJURY (ATHON | | CATION | | | | |
| AM. | WHILE AT WORK | NOT WHILE [| STREET, FAC | CTORY, FARM, ETC.) | S | TREET | CITY OR | OWN | COUNTY | STATE |
| | | | ge of the remains de | scribed obave, held | on Autap | sy , Inspectio | an Inquir | y , ond in | n my apinian | |
| | death resulte | d from: Notu | ral causes | Accident , | Suicide | " Hamicide . | Undetermined | nanner , | | |
| | ACTUAL | 7 | 01 | 0/1 | | TITLE (SPECIFY) | | | DATE | luce 1- |
| - | SIGNATURE | 105 | 12 / | 117 | M | .D. Cap | MEDICAL EXA | MINER | SIGNED | 711979 |
| 3 | EXAMINER'S N | DOHN S. | ROGERS | | E-E-D | ADDRESS 1919 | SEMINARY | RD. SIL | VER SPR | ING, MD. |
| 23a | BURIAL, CREMAT | ION, REMOVAL | 73b. DATE | | | RCREMATORY | 23d. LOCATION | | COUNTY | STATE |
| 74 | BURTAL FUNERAL DIRECT | TOP | 7/23/ | 79 PA1 | RKLAWN | 1250 DATE | ROCKU | | MONT | MD. |
| | NAME | FRANC | | LINS | | 1111 | 2 U 197 | | AR'S ATERATI | are and |
| 5 | OO UNTU | BLVO W. | SILVER | SPRING, MD | 209 | 101 501 | - | | | |

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Chelms Land Hand Cross Hospical Housenter

Parriand Montenature Cristone Species 212 Hillmore Dr.

JOHN MATTE HATTE SAUGH.

FOR 213-67-477 JOHN E. MASS. SAUT AS 13 HUSBAID

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THE ARTENIES

SURIAL 9/2°/79 PARKLANN ROCKVILLE HOLF IND.

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| FOR STATE REGISTRAR |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| Y YEAR 2b. HOUR 1979 4:30A FUNDER 1 YEAR 15 UNDER 24 HB NITHS DAYS HOURS MAN |
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| DNIHS DAYS HOURS MIN |
| OF DEATH |
| |
| 12b. KIND OF BUSINESS C INDUSTRY |
| |
| Klein |
| 13 |
| N IN PART 1(0) WERE FINDINGS USED ING CAUSES OF DEATH? |
| NO |
| ET 1 OR PART 2} |
| COUNTY STATE |
| 79 . that / (we) k |
| and from the causes stated |
| 221. DATE SIGNED |
| |
| 15 |

DHMH - 16 50M 1/76

should be detached far use as the buriol-transit permit. Then please remave carboni with the State Dept. of Health and Mental Hygiene prior ta buriol, crematian, ar rem

MPORTANT: If them 21 is marked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been

(VR A 15 (4))

Tyson Wheeler Funeral Home, Rockville, Md.



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STATE OF MARYLAND

FOR

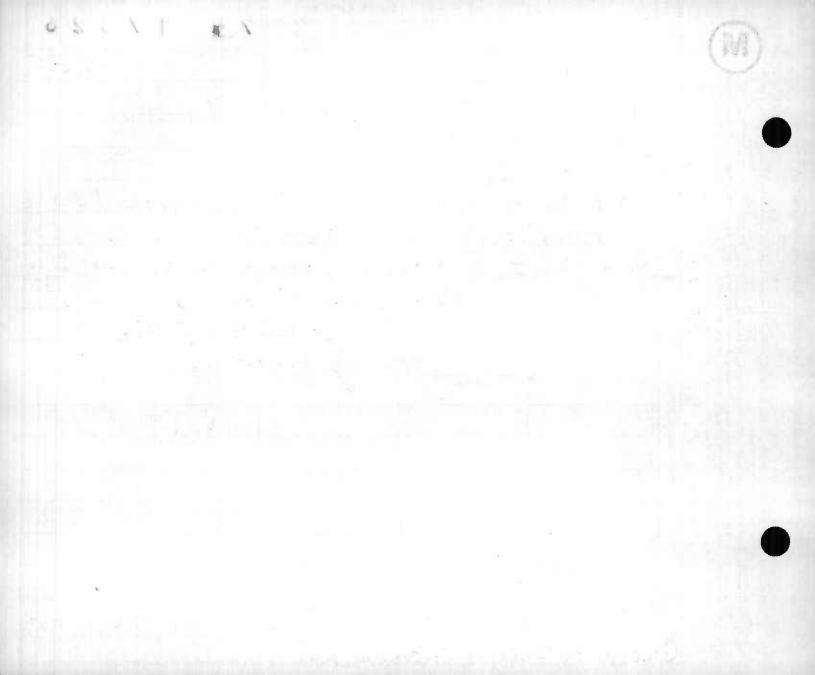
(VRA 15, 4) 7/78



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN TO MONTH DAY YEAR (TYPE OR PRINT) OF ESTI-DEATH MATED 7-10-79 Lacy Hanger GEUNERAL DIRECTOR.
YOUR FILES.
TO HOURS 2d HOUR 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS DATE PRONOUNCED 7 -] LAST BIRTHDAY) DEAD 70 BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED mont. WIDOWED DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPIT AL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Adventist 130 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDR 14. FATHER'S NAME MIDDLE ecippos 60. WAS DECEASED EVER INTU.S. ARMED FORCES? (YES, NO, OR UNK (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) AMINER ALONG W. TRANSIT PERMIT. FENTAL HYGIENE, DI BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL-T lying couse last. OF HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF I PRIOR TO BURIAL, C WORD YES [] NO. 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM 21e. PLACE OF INJURY (ATHOME 21f. LOCATION 214 INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE STATE 21201 P AT WORK AT WORK TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFIER DEATH, WITH THE SI
BALTIMORE, MARYLAND, 21 Inspection 🔀 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Hamicide Undetermined manner death resulted from: Notural couses TITLE (SPECIFY) MEDICAL EXAMINER **DHMH-17** (VR A15 ME (5)) 15M 7/76

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DEPARTMENT OF HEALTH AND MENTAL HYGIENT

| 1/ | 1. | FOR STATE REGISTRAR | | | HEALTH AND MENTAL HY | | 7828 |
|----------|---------------|---|-----------------------------|--------------------------------|--------------------------------|--|--|
| 11 | 1 DE | CEASED NAME FIRST | MIDI | DLE | LAST | REG. NO. | DAY YEAR 26 HOUR |
| | (TYPE | OR PRINT) | 6.1 | 111.01 | THO | 7 | 20 79 2:310 |
| | 3. SE | X LFROY | 4 RACE | HASK Is date | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| - | | | | MON | TH DAY YEAR | 12 | MONTHS DAYS HOURS MIN |
| NA | | IRTHPLACE ISTATE OR FOREIGN | 76 CITIZEN OF WH | APRI | V . | 9 BALTIMORE CITY OR COL | INTY OF DEATH |
| IVI | C | OUNTRY) | 11 O 1 | MARR | ED NEVER MARRIED | A COUNTY OF STREET STREET, STR | ATT OF DEATH |
| ~ | | SHINGTON D.C. | II. NAME OF HO | SPITAL, NURSING HOME | | MONTGOMERY 126 USUAL OCCUPATION | MD. 12b. KIND OF BUSINESS OR |
| 1.0 | | | (IF NOT IN SUCH FA | ACILITY, GIVE STREET ADDRESS) | | TTYPE OF WORK FOR MOST OF WORKE | NG LIFE) INDUSTRY |
| 100 | | LLVER SPRING ALRESIDENCE (IF NURSING HO | | OSS HOSPITAL | | METER TECHNIC | IAN |
| 35 | 130 S | ARYLAND MI | OUNTY 13 | CITY OR TOWN WHEATON | YES NO | 13e. STREET ADDRESS 2904 COLLINS | S AVENUE |
| 150 | 14. F/ | ATHER'S NAME FIRST | MIDDLE . | HÄSKINS | 15. MOTHER'S MAIDEN NA | ELIZABETH | METNKING |
| lice | | WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES | ARMED FORCES? 16 | SOCIAL SECURITY NO. | 17 INFORMANT WI | | 100 DEXTER AVENUE |
| E Sec | | /ES W | | 578-01-7808 | MARY F. HAS | KINS . | SILBERESTERNG, MOLE |
| , the | | 18 CAUSE OF DEATH (Ent | er only one couse per lin | e for jai, (b), and (c) | 1. 0 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| vent | | PART I. DEATH WAS CA | USED BY. DIATE CAUSE (a) | Getatat | le Corcine | TITE | 2 mes. |
| tic e | | 1519 | | S A CONSEQUENCE OF | | | |
| E S | 1 | Conditions, if ony, which | | Specawae | a Carciona | of Esollen | us frey month. |
| 1 | | gave rise to immediat | e) | 1 | | 0 | |
| othe | | underlying cause las | | S A CONSEQUENCE OF | | | |
| , 0 | | PART 2. OTHER SIGNIFICA | NT CONDITIONS CON | TRIBUTING TO DEATH BU | T NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION | GIVEN IN PART 1(a) |
| nje L | S | | | | | | |
| , and | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITIO | ON FOR WHICH OPERATI | ON WAS PERFORMED | 20a AUTOPSY? 20b. I | F YES, WERE FINDINGS USED |
| Sws | F | | | | | YES NO | ERTIFYING CAUSES OF DEATH? YES NO NO |
| 8 9 | 8 | 216. ACCIDENT WAS UNDERLYIN | G 216. TIME OF I | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITE | |
| Item 1 | | OR CONTRIBUTING CAUSE C | ocain. | MONTH DAY YEAR | R | | |
| r He | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF | INJURY | 21f LOCATION | | |
| pa | A | WHILE NOT WHILE | TAT HOME, STREET | , FACTORY, OFFICE, FARM, ETC.) | STREET | CITY OR TOWN | COUNTY STATE |
| nor | 10 | 220.1 certify that (1) this I | project) perconded the a | locased team 7/1 | NE / 10 17 | 9 - 7011 1 2 | 9 1079 sheet the formal least |
| .5 | 1 | saw the deceased aliv | 1000 | 1 70 -00 | and that in (mv) (our) opinian | death occurred on the date and | d have and from the causes stated |
| ш 2 | | obove, (I) (wendid) (d | d not view the bady aft | r death. | DEGREE | | 22c. DATE SIGNED |
| # # | - | THE STORY AND THE | | Les 17 |) ATTENDING | MEDICAL STAFF | 72070 |
| <u>=</u> | | 224 PRYSICIAN'S NAME (1 | eccoro (| red, my | PHYSICIAN PHYSICIAN | DIRECTOR PHYSICIAN | 1-20.74 |
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| | (| BURIAL, CREMATION, REMO (SPECIFY) BURIAL | 8/2/79 | | CEMETERY OR CREMATORY | ROCKVILLE | MON T "MO. |
| 77 | 24 F | UNERAL DIRECTOR FRAN | ICIS J. COLI | LINS | 25a. DA | TE REC'D. BY REGISTRAR 256. RE | GISTRAR'S SIGNATURE |
| | 50 | O UNIV. BLVD. | W. SILVER | SPRING, MD. 2 | 0901 JU | L3 1 1979 | 7 |

DHMH - 16 50M 7/77 (VR A 15 (4))

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

| 7 | 1 - | REGISTRAR | | | | CERTIF | ICATE OF DEAT | H / | REG. N | 0. | 3 | 4 4 | |
|----|--------------------|--|--|------------------------------|--------------------------------|-------------------------|---|-----------------|--|-------------------|---------------------|------------------------------|----|
| | | CEASED NAME OR PRINT] | Josep | | R. | Hausman | AST . | 20. D | ATE OF DEATH | 7-23 | | 26. HOUR | A |
| | 3 SE | FEMALE | | 4 RACE WHITE | | 5. DATE C | DAY Y | 6. AG | E (INYEARS LAST BIR | | FUNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN | |
| ,9 | C | RTHPLACE (STATE OR FO | | U.S.A | | WIDOWE | D NEVER MARRI | ED N | ltimore city of | ry | OF DEATH | M | 10 |
| 90 | S | ilver Spri | .ng | Carriag | e Hill | N. 91 | Silver Sp 01 Second | 0.40 | ISUAL OCCUPAT OF WORK FOR MOST O ERSONAL | | INDUSTRY | OF BUSINESS O | R |
| F | MA1 | AL RESIDENCE (IF NURS STATE RYLAND | MONT (| GOMERY | STLVE | R SPRING | 134 INSIDE CITY LIA | | TREET ADDRESS | KWOOD | DRIVE | | |
| 50 | | JOSEPH | | FRANK | | UFF | | LOTTE | MIDDLE | \$ | KELLÊ | R | |
| 1 | | VAS DECEASED EVER (ES, NO OR UNKNOWN) | | MED FORCES? WAR OR DATES) | | SECURITY NO. 26-7399 | H. PAUL | RUFF | SAME | AS 13 | 1011 | OTHER | |
| | TION | | /AS CAUSED IMMEDIATE , which mediate ng the lost | DUE TO, OI ONDITIONS CO | RAS A CONS | SEQUENCE OF SEQUENCE OF | NOT RELATED TO TH | HE TERMINAL C | | | Ama N IN PART 10 | (01 | |
| 2 | ICAL CERTIFICATION | 190 DATE OF OPERAL Y - 9 - 7 (210). ACCIDENT WAS UNIT OR CONTRIBUTING | DERLYING CAUSE OF DEAT | BL/ | ADDER | L CARCO | N WAS PERFORMED TINOMA. 21c. HOW INJURY | YE | S NO NO | IN CERTIFY YES | | | |
| | MEDIC | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the | | | OF INJURY REET, FACTORY, OF | FFICE, FARM, ETC.] | 211. LOCATION STREET | 7 <i>á</i> | CITY OR TO | wn 17-2 | COUNTY | STATE | |
| | | sow the decease roove, (1) we) for the solution of the solutio | ed-alive on_ | | after death. | 1979. or | DEGREE ATTENI PHYSIC | DING _/ MEI | SOFA B | FF | 22c. DATE | | 51 |
| 1 | (| JAMES | AME (TYPE)OR | COLE | MAN | | 220. ADDRESS 9 | 241 C SILVE/ | | 1 BLU 1NG, | | 20910 | |
| | 23 a E | BURIAL, CREMATION, SPECIFY) CREMATI | REMOVAL ON | 23b. DATE 7/24 | /79 | METROP | OLITAN CR | EMATORY | LOCATION CITY OR TOWN | | VI | RGINIA | |

DHMH - 16 50M 7/77 (VR A 15 (4))

FUNERAL DIRECTOR FRANCIS J. COLLINSDESS 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | | | | | RE | G. NO | | 19 |
|-----------------------|--|--|--|--|---|--|--|--------------------|--|--|
| I DE | CEASED NAME E OR PRINT) | FIRST | В. | DDLE H e | wkins | LAST | Ze. DATE OF DEA | | DAY YEAR | 10 . 100 011 |
| 3. SE | | | RACE White | sn | 5. DATE (| OF BIRTH | July 9, | ST BIRTHDAY) | | 6 8 30 A . EAR IF UNDER 24 HRS LYS HOURS MIN |
| · · | EIRTHPLACE (STATE OR FO | лтн 11. | U.S | OSPITAL, NURSII | MARRIE WIDOWE | DI NEVER MARRIED DIVORCED DO OTHER INSTITUTION | 120 USUAL OCCU | ty or count tgomer | y Co., | D OF BUSINESS O |
| | Olney | | | ery Gene | | _ | Housew | | SLIFE) INDUST | RY |
| 130 | AL RESIDENCE (IF NURSI STATE Maryland ATHER'S NAME | 13b COUNTY Montgon | | Gaithers | VN | 13d INSIDE CITY LIMITS? YES TO THERE'S MAIDEN NO | 130 STREET ADDR 15 N. S | | Dr. Apt | 301 |
| | Thomas | Edwi | | Benson | | Julia | Eliz | abeth | Mur | phy |
| | WAS DECEASED EVER YES, NO OR UNKNOWN) NO | IN U.S. ARMED (IF YES, GIVE WAR | | 578-62- | | 17 INFORMANT Catherine | | DDRESS Itel | m 13 | |
| | 2030 | AS CAUSED BY IMMEDIATE CA | Y: AUSE (o) | AS A CONSEOU | iple | Myelo | ma | | A/A | ROXIMATE INTERVAL EN ONSET AND DEAT |
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Forest Oak

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR L. Molesworth, Damascus, Md.

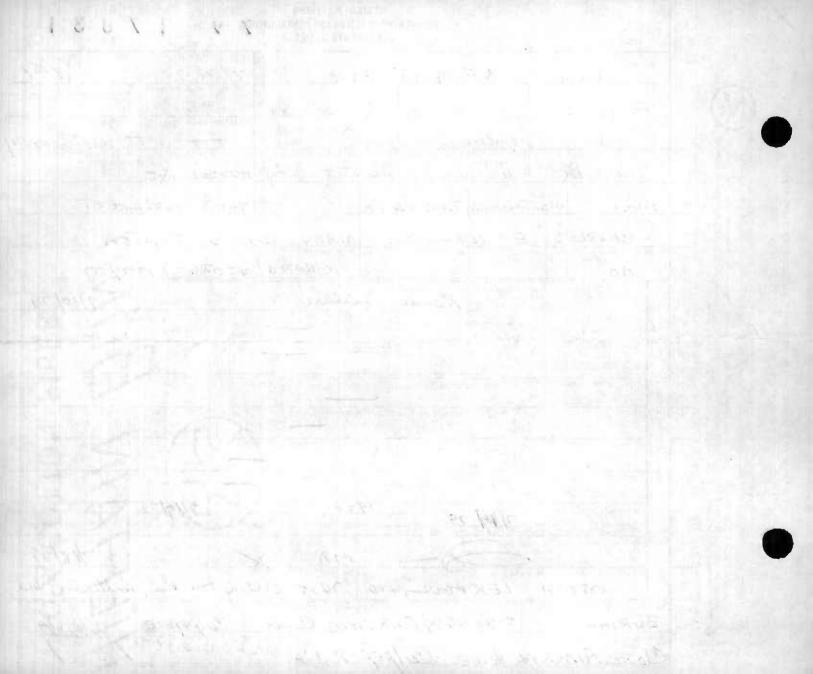
July 12, 1979

Burial

Gaithersburg, Montg., Md. JUL 1 3 1979 Lings Signature

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STATE OF MARYLAND

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| | 3. SE | Х | 4 R | RACE | | | OF BIRTH | & AGE (INY | EARS LAST BIRTHO | | UNDER LYEA | | 3-24 |
| | | Female | | Whit | e | Oct | | 75 | 5 | YRS. | ONTHS DAY | HOUR | 1. |
| 109 | | RTHPLACE (STATE OR FORE OUNTRY) New Yor | | | A. | MARRIE WIDOWI | D NEVER MARRIED | 9 BALTIMO | Mont | county | | | |
| 90 | 10. C | Bethesda | н 11. | (IF NOT IN SUCH | DSPITAL, NURSIN FACILITY, GIVE STREET NWOOD HO | ADDRESS) | OR OTHER INSTITUTION | (TYPE OF WOR | OCCUPATION K FOR MOST OF W Ountant | VORKING LIFE) | IZE. KIND INDUSTR | obausi Nov | HES: el |
| 70 | USU | AL RESIDENCE (IF NURSIN | G HOME OR OTH | ER INSTITUTION, G | IVE RESIDENCE BEFOR | E ADMISSION) | | | | | | | |
| 35 | 130.3 | | ontgoi | | Potomad | N | 134 INSIDE CITY LIMITS? | 138. STREET | ADDRESS Sprin | g Hou | ise Co | urt | |
| | 14. FA | ATHER'S NAME | MIDD | | LAST | | 15 MOTHER'S MAIDEN NA | | MIDDLE | | 7 | AST | |
| 150 | | Charles | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Foster | | Belle | | MIDDLE | | | nown |) |
| 1 | | WAS DECEASED EVER IN | U.S. ARMEL | | 66 SOCIAL SECU | | | on | ADDRESS | Silv | ver Sp | | _ |
| J | (| No No | (IP YES, GIVE WA | IR OR DATES) | 228-40-8 | 977 | Robert I.Mac | | 13108 | Engl | ewood | Dr. | |
| | | 18 CAUSE OF DEATH PART I. DEATH WA A Conditions, if any, gave rise to imme | which | | CALS AS A CONSEQUE | rai | ensin- | Ecce | una | /en | 5 | ye | a |
| | CATION | Conditions, if any, gave rise to imme couse 101, stating underlying cause | which diate the last | DUE TO, OR DUE TO, OR DUE TO, OR NOITIONS CON | AS A CONSEQUE | ENCE OF | NOT RELATED TO THE TERM | | E OR CONDI | TION GIVE | N IN PART | INGS US | ED SED |
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| The state of the s | - | Conditions, if any, gave rise to imme couse 101, stating underlying cause PART 2 OTHER STONE 190 DATE OF OPERAT K 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE WHITE NOTIFY MEDICAL 21d. INJURY OCCURRE WHITE NOT WHITE AT WORK 220.1 certify that (1) (1) sow the deceased above (1) (well did) | which diote the lost ON RIVING USE OF DEATH EXAMINER DE LIVE ON LEE USE OF DEATH EXAMINER DE LIVE ON L | DUE TO OR DUE TO OR NOTIONS CON 196 CONDITI 216 TIME OF HOUR A.M P.M 218 PLACE O (AT HOME, STREE offended The lew the body of | AS A CONSEQUENTRIBUTING TO ON FOR WHICH INJURY MONTH D. | OPERATION AY YEAR 19 FARM.EIC) | 216 HOW INJURY OCCUR 216 LOCATION STREET 19 7 9 nd that in (my) (our) opinion DEGREE | 200 AUTO YES TO RED (ENTER N) MEDICAL MEDICAL | E OR CONDITION OF THE PHYSICIA | TION GIVES 206. IF YES, IN CERTIFY YES IN ITEM 18, PAJ | WERE FIND ING CAUSI OUNTY 9 221, DAT | NO NO | STAT (wee state |
| | MEDICAL | Conditions, if any, gove rise to imme couse 101, stating underlying couse PART 2 OTHER SIGNAL 216. ACCIDENT WAS UNDEFOR CONTRIBUTING CA (FETHER, NOTIFY MEDICAL 21d INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK 11 (I) (1) Sow the deceased above, (I) (we) (did 171) SIGNAL OF THE PHYSICIAN S NAMED AT WORK 11 (I) (I) Sow the deceased above, (I) (we) (did 171) SIGNAL OF THE PHYSICIAN S NAMED AT WORK 11 (I) (I) SIGNAL OF THE PHYSICIAN S NAMED AT WORK 11 (I) (I) SIGNAL OF THE PHYSICIAN S NAMED AT WORK 11 (I) (I) SIGNAL OF THE PHYSICIAN S NAMED AT WORK 11 (I) (I) SIGNAL OF THE PHYSICIAN S NAMED AT WORK 11 (I) (I) SIGNAL OF THE PHYSICIAN S NAMED AT WORK 12 (I) (II) SIGNAL OF THE PHYSICIAN S NAMED AT WORK 12 (II) (II) SIGNAL OF THE PHYSICIAN S NAMED AT WORK 12 (II) SIGNAL OF THE PHYSICIAN S NAM | which redicte the last FICANT CON RETING USE OF DEATH EXAMINER) LE USE OF DEATH EXAMINER (Inc. hospital) Le Use on Inc. hospital (Inc. hospital) | DUE TO OR DUE TO OR NOTIONS CON 196 CONDITI 216 TIME OF HOUR A.M P.M 218 PLACE O (AT HOME, STREE offended The lew the body of | AS A CONSEQUENT RIBUTING TO LONG FOR WHICH INJURY MONTH D. T. FINJURY ST. FACTORY, OFFICE, F. deceased from 19 fter death. | DEATH BUT OPERATIO AY YEAR 19 FARM.EIC.) NAME OF C | 216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET ST | 200 AUTO YES CRED (ENTER NO MEDICAL RECTOR RED - 236 LOC | E OR CONDITION DPSY? NO CITY OR TOWN CITY OR TOWN STAFF PHYSICIA PO toma | TION GIVES 206. IF YES, IN CERTIFY YES IN ITEM 18, PAJ | WERE FIND ING CAUSI OUNTY 9 221, DAT | NO NO NO | STATI |

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DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE LAST 2a DATE OF DEATH MONTH 26 HOUR GENEVA C HIMES 29 7:30pm 07 79 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 1910 FEMALE WHITE 69 TO. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MONTGOMERY NEW JERSEY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR MONTGOMERY GENERAL HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) OLNEY HOUSEWIFE USUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13527 GEORGIA AVENUE 13a. STATE 3c CITY OR TOWN MARYLAND MONTGOMERY SILVER SPRING 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LYNWOOD CARPENTER ELLA HAINES ADD 9257 04 HAMMONTON RD 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT SON 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SILVER SPRING, MD. LEE J. HIMES NO 151-20-0679 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, ib), and ic PART I. DEATH WAS CAUSED BY ret IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting underlying CONTRIBUTING TO DEATH DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 206. IFYES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (I) (threshospiral) attended the sow the deceased alive on , and that in (my) touch opinion death occurred on the date and hour and from the causes stated above, (1) (mot/did) (did not) view the body. 22b. SIGNATH TR. DATE STENE DEGREE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS DONALD DILLON OLNEY, MARYLAND 236 NAME OF CEMETERY OF CREMATORY ARK 230 BURIAL, CREMATION, REMOVAL 8/1/79 CINNAMINSON BURLINGTON TENJ 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

ESTATE THITTE TALL OF 1910

VE JERSELY SE U.S.A.

SMALO SILLON VOLUME DIAME

SELECTAL SOLVED SEMENTIAL PROPERTY PARK PRINCIPLE OFFICE AND TATES.

151-20-0679 LEE J. MINES STLVER STATES HE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DHMH - 16 50M 1/76 (VR A 15 (4))

rector, page 3 urs after death

| | 1. | FOR - STATE REGISTRAR | DEP | ARTMENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENT 9 | 1783 | 3 5 |
|--|---------------|--|---|--------------------------------|---|---|--|-------------------------------------|
| | | CEASED NAME FIRST | WIDDLE | L | AST | | MONTH DAY YEAR | 26 HOUR |
| | | Ra1ph | Н. | Ho1 | tie | Ju: | ly 13 1979 | 1:00, |
| | 3. SE | X | 4 RACE | 5 DATE C | | 6 AGE (IN YEARS LAST BIRT | THDAY) IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | | Male | Caucasian | Marc | | 66 | YRS | THOURS MIN |
| 29 | 70. B | IRTHPLACE (STATE OR FOREIGN EW York | U.S.A. | TRY? 8 MARRIEI WIDOWE | DEXNEVER MARRIED . | 9 BALTIMORE CITY O Montgo | or county of death | MD |
| 20 | Si. | ITY OR TOWN OF DEATH lver Spring | Carriage Hi | II Nurs | sing Home | occupation of the state of the | ion Deworking Life) 126 KIND O INDUSTRY Fed. | Govt. |
| g some | 130 3 | Md. | or other institution give residence unity 13c Cuty or ntgomery Ken | BEFORE ADMISSION) TOWN Singtol | | 10120 Ce | dar Lane | |
| aumin F | | enry | MIDDLE Holiast | | Agnes | MIDDLE | Specke | er |
|) medical | 16a V | WAS DECEASED EVER IN U.S. / YES, HOOR UNKNOWN) (16-YES, C | CONT. MAR COR DATECT | 0 - 4060 | Olive Holt: | je (See | Item # 13) | |
| ony injury, or other troumotic | CATION | Canditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICAN' | DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c) T CONDITIONS CONTRIBUTING | EOUENCE OF | NOT RELATED TO THE TERMI | INAL DISEASE OR CON | 20b IF YES, WERE FINDIN | NGS USED |
| 2 | CERTIFICATION | 2)a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | D.W. VEAD | 21c HOW INJURY OCCURR | YES NO NO ED (ENTER NATURE OF INJUR | IN CERTIFYING CAUSES YES RY IN ITEM 18, PART 1 OR PART 2) | NO [|
| / | | OR CONTRIBUTING CAUSE OF D | | DAY YEAR | | | | |
| rked or I | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | | 211 LOCATION STREET | CITY OR TOV | NN COUNTY | STATE |
| ow 51 17 u | | saw the decassed plive above, (h) see did did | spital) attended the deceased from an analy view the bady after death. | 20 | d that in (my) (our) apinion o | to | | that (I) (we) last causes stated |
| | | 226. SIGNATUIT Ru | and Dollen | | D ATTENDING PHYSICIAN | MEDICAL STAF | FF 7 -1 | |
| MPORTANT: If Hem 21 is marked at Item 18 shaws | | 22d. PHYSICIAN'S NAME (TYPE Richard | H. Pollen | | 220 ADDRESS 10400 Conn | ecticut A | ve. Kensin | Md. |
| 4 | (| | n 7-16-79 | Metropo | emetery or crematory olitan Crema | a to ry Ale: | xandrî'a', | V.SATE |
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- C V C V Comment of the comment olifolis a .H. natht Dr. LE Rough Life Margania THE RESIDENCE PROPERTY OF SHAPE OF and the fitting the start and the same with the same the same that the same the same the same the same the same The part of the second of the The state of the state to him the state of t Wichard H. Pollon 19480 Canaccricut 'wa. Ecusin-ton.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

| 9 | 1 | 7 | 8 | 3 | 6 |
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| | REG. NO. | | | | |

| 1 | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | 1000 |
|---|--|--|--|---|--|
| Ī | 1. DECEASED NAME FIRST (TYPE OR PRINT) | WIDDLE | ust 11 5 - A | 20 DATE OF DEATH MONTH | a a |
| | PETE | 0(M. | HOSEA | 7-2 | 21-79 5:03 M |
| ı | Male | Caucasian | 5. DATE OF BIRTH 11-9-1929 | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN |
| ŀ | | | | | RS. |
| | To BIRTHPLACE (STATE OR FOREIGN COUNTRY) England | Is citizen of what country? England | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9. BALTIMORE CITY OR COL Montgomery | |
| ч | Bethesda | 11. NAME OF HOSPITAL, NURSING STREET SUDURDAN HOS | NG HOME OR OTHER INSTITUTION TADORESS) pital | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Ret. Wing Co | ing (iff) 12b. KIND OF BUSINESS OR INDUSTRY Ommander/ R.A.F |
| 1 | | ROTHER INSTITUTION, GIVE RESIDENCE BEFOR | RE ADMISSION) | 13e. STREET ADDRESS 10145 Gravie | |
| I | William | MDDLE Hosea | IS MOTHER'S MAIDEN NA | ME MIDDLE | BURTT-JONES |
| Ī | (XES, NO OR UNKNOWN) (IF YES, GIV | RMED FORCES? 166 SOCIAL SECTION OF WAR OR DATES 214-82- | URITY NO 17. INFORMANT | ADDRESS & | et Item # 13) |
| | Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost | DUE TO, OR AS A CONSEQUE (c) T V LAKES | sille Hypoten | FAILURE | |
| - | PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER 2. O | 196 CONDITION FOR WHICH | DEATH BUT NOT RELATED TO THE TERM | 20a AUTOPSY? 20b. I | N GIVEN IN PART 1(a) IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? |
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| | WHILE AT WORK AT WORK | 21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| | sow the deceased alive on | ottended the deceased from | 79, and that in (my) (our) opinion | death occurred on the date and | d hour and from the causes stated |
| | 22b. SIGNAFUR | Barnett, | | MEDICAL STAFF DIRECTOR PHYSICIAN | 221. DAYE SIGNED 7/2/79 |
| | 72d. PHYSICIAN'S NAME (TYPE O | A. Barnett | 3906 Be 1 I | re Road Whea | / aton. Md. 20906 |

23b. DATE 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN
Metropolitan Crematory Alexandria

Virginia

Cremation 7-22-79 Metropolita BESALDIRACTOR Pumphrey Funeraless Homes P.A. 7557 Wisconsin Ave. Bethesda, Maryland

BY REGISTRAR 256. REGISTAR'S SIGNATURE

DHMH-16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this

should be detoched for use as the burial-transit permit. Then please remove carbanpa with the State Dept. af Health and Mental Hygiene prior to burial, cremotian, ar remo

IMPORTANT: If Item 21 is marked or Item 18 shows any

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| ID CITY OF | r TOWN OF DEATH Lver Spring | II. NAME OF HOSPITA | AL, NURSING HOM Y, GIVE STREET ADDRESS YOSS HOS | E, OR OTHER | INSTITUTION | ON 12a | USUAL OCCUPAT FOR MOST OF WORKING HOUSEWT | Suffe) | 126. KIND OF OR INDU | BUSINESS STRY |
| 13a. STATE | 1136. COL | ME OR OTHER INSTITUTION, GIVE REUNTY | esidence Before admission of the Kensing 1 | ion 13 | Id INSIDE CITY | | STREET ADDRESS 1006 Ke | | on Blv | 2. |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF FAT REGISTRAN DECEASED NAME 20. DATE KNOWN MONTH DAY 26. HOUR OF ESTI-Gertrude July 20 19 79 Howard Ann 4 RACE 5. DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED DEAD TE DITIZEN OF WHAT COUNTRY? JE BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Rhode Island WIDOWED DIVORCED Montgomery ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS Dist. Operator N.E. Telephon ong. USUAL RESIDENCE (IF IN AURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE 136 COUNTY NO D 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VIEW MIDDLE LAST MIDDLE Ewdard Howard Maru Oliver 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS niece. (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES No Mary Baggan 035-10-0859 same as 13e APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a AT CERTIFICATION CREMA USED 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES [3 SHOULD BE DEPARTMENT 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING O MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21e PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK AGE ATE Inspection 1 22e. I certify that I taak charge of the remains described above, held an Autopsy and in my opinian ERAL DIRECTOR: EATH, WITH THE ORE, MARYLAND, death resulted fram: Hatural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE THE CE
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AFTER DEATH, V
BALTIMORE, MAI **ACTUAL** SIGNATU MEDICAL EXAMINER John Rogers. 1919 Seminary Road Silver Spring, Md TYPE OF PRINT) **ADDRESS** 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP" Jul 24 1979 St. Charles Cometery Reackstone Worcester Mass 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Francis J. Collins **DHMH-17** JUL 2 (VR A15 ME (5) 500 University Blvd. W. Silver Spring. 15M 7/77

STATE OF MARYLAND



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IMPORTANT: If Item 21 is marked ar Item 18 shaws ony

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| DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH | HYGIE | 0 |
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| FOR STATE REGISTRAR | | | FICATE OF DEATH | REG. NO | 783 | 9 |
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| 270. I certify that (I) (this top sow the deceased alive or above, (I) (we) (did) (did not something). 270. S (SNATURE) (271 DAYS ICIAN'S NAME (TYPE of STATURE) | miggi | ofter death. 19 79 . of | nd that in (my) (or opinion) DEGREE ATTENDING PHYSICIAN 122e ADDRESS | , to | 22c. DATE | |

JOSEPH B. MIZGERD

FT. LINCOLN

7600 CARROLL AVENUE. TAKOMA PARK. MD.

230. BURIAL, CREMATION, REMOVAL RURIAL 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY

BURTAL 7/13/79 FT. LINCOL

14 FUNERAL DIRECTORFRANCIS J. COLLINS.

500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

25a. DATE RE

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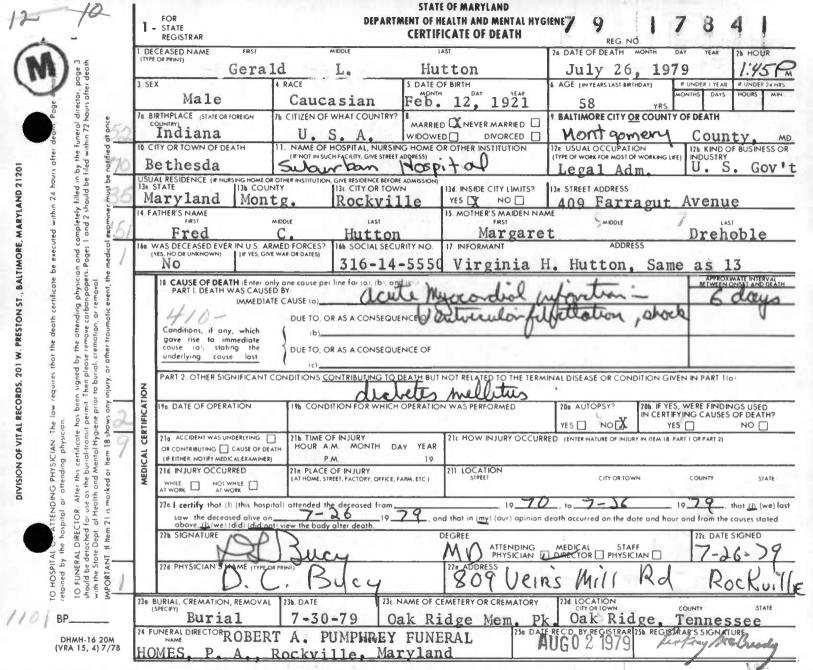
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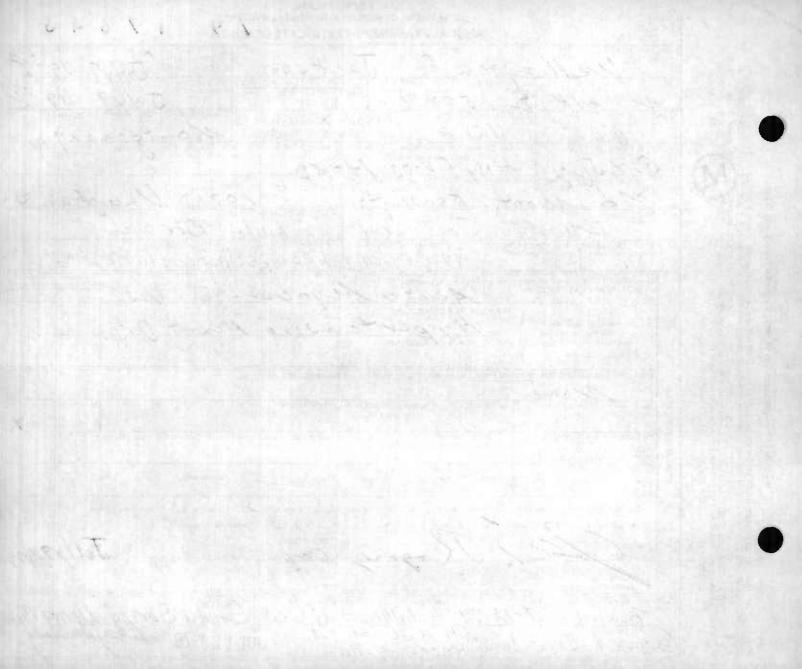
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 2a. DATE OF DEATH MONTH (TYPE OR PRINT) ROSEMARY THERESA TNGI TSA 3 SEX 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR HOUR5 DAYS APRIL 1930 FEMALE WHITE 70. BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NEW YORK U.S.A. MONTGOMERY DIVORCED [IC CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR HOUSEWIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY 13915 TURNMORE ROAD STILVER SPRING DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13. 13915 TURNMORE ROAD ILVER SPRING IONTGOMERY MARYLAND 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LUCY MIDDLE LAST SARDO LOMBARD1 LOUIS 0 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SAME AS 13 HUSBAND CHARLES PETER INGLISA 070-22-3307 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse portine for (a), (b), and (c) IMMEDIATE CAUSE OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF aNICE underlying couse lost VAMILIA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 0 ā INCERTIFYING CAUSES OF DEATH? NO YES NO [buriol-transit p 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL tem (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M ò 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (***) opinion death occurred on the date and hour and from the causes stated above, (1) (we' (did) (did not) view the body after death 276 SIGNATURE Dept DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 4 Stote Stote PHYSICIAN. W DIRECTOR! PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be TO 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL MD. GATE OF HEAVEN SILVER SPRING BURTA 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4))

500 UNIV. BLVD. W. SILVER SPRING. MD. 20901

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED 6. AGE (IN YEAR SEX IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD 76 BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTR WIDOWED DIVORCED OR INDUSTRY 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION F WORK Lag. STATE 13d. INSIDE CITY LIMITS? 13a. STREET ADDRESS 14. FATHER'S NAME FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT [YES, NO, OR WINKHOWN] (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. OR PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES [38 DEPARTMENT 71a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 71f. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy and in my opinian death resulted frame Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, MA THE OR PRINT! ADDRESS 730 BURIAL CREMATION REMOVAL 236 DATE **DHMH-17** (VR A15 ME (5)) 15M 7/76

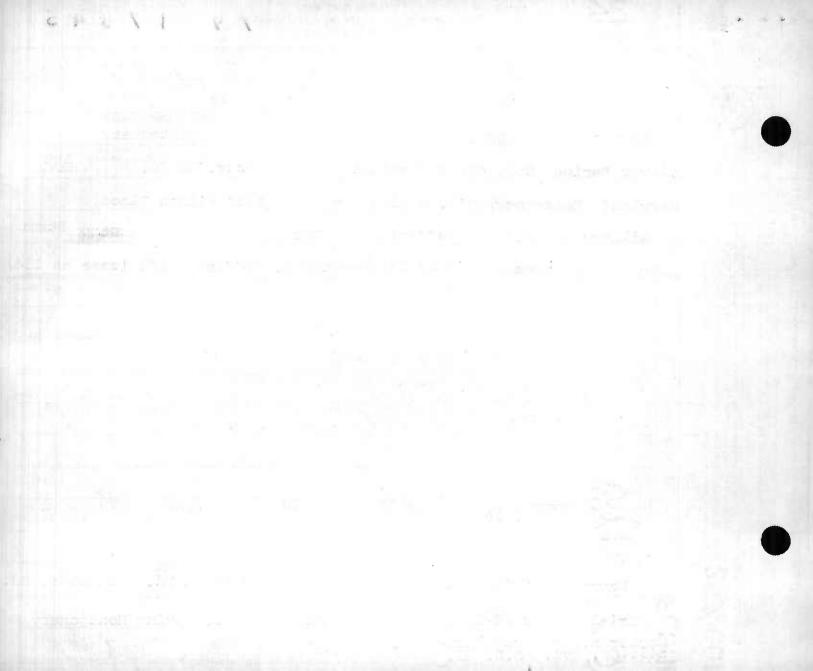


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| 5 | - | 1- | STATE REGISTRAR | | DEPARTMENT OF HEALT DICAL EXAMINER'S | | DEATH | 78 | 44 | |
| | (BAI) | 1. DI | | FIRST | MIDDLE | LAST | 20. DATE KNOWN | NO. MONTH C | DAY YEAR 176 HOLD | 0 |
| | 1 | (T) | DVL 11 | anl | H Jai | LANDRA | OF ESTI- DEATH MATED | 7 / | 1 76 430 | 3 |
| | BUT 08 | 3. SE | | 5. DATE OF BIRTH | 6 AGE IN YEARS IF L | INDER 1 YR. IF UNDER 24 | HRS. 2c. DATE | MONTH | DAY YEAR 2d HOUR | R |
| | 1 | | M ONIEW | TAL 2 8 | YEAR LAST BIRTHDAY) MON | THS DAYS HOURS M | PRONOUNCED DEAD | 7/ | 1979 734 | 0 |
| | FOR WITHIN | | IRTHPLACE (STATE OR | 76. CITIZEN OF W | HAT COUNTRY2 | RIED NEVER MARRIED | 9. BALTIMORE CIT | Y OR COUNTY | | _ |
| | The second second | 1 | HHIPINE 1 | YAB VO | s 19 wido | | - 11. | SOMER | 4 ME | 0. |
| | STARTED C | 10. C | ABON JONN | | SPITAL, NURSING HOME, OR OT ACILITY, CIVE STREET ADDRESS) | HER INSTITUTION 12 | o. USUAL OCCUPATION FOR MOST OF WORKING LIRE) | (TYPE OF WORK | KIND OF BUSINESS OR INDUSTRY Cab driver | - |
| | ANY DE AND 3 T RETAIN TOULD BI | | AL RESIDENCE (IF IN NURSING | G HOME OR OTHER INSTITUTION, G | IVE RESIDENCE BEFORE ADMISSION) | to a manage and amore a lar | | | | - |
| 21201 | LL 1 00 | | | MONT | CABUN OF HIN | YES NO | e. STREET ADDRESS AND | SINTIE | BUND | |
| MD. 2 | | 14. F | ATHER'S NAME | WIDDLE | LAST | 15. MOTHER'S MAIDEN | | | Taat | = |
| | DEA SES AND AND SEVI | | Basilio | | Jälandra | Aurelia | i e | / Har | rder | |
| BALTIMORE, | DURS AFTER DEATH 18. GIVE PAGES 1, 5. WITH FORM PM 1T. PAGES 1 AND 2, 7. DIVISION OF VITA | 160. | WAS DECEASED EVER IN L ES, NO, OR UNKNOWN) (IF Y | J.S. ARMED FORCES? YES, GIVE WAR OR DATES) | 166. SOCIAL SECURITY NO. 065-16-5429 | Theresa O. | Jalandra s | | 13e | _ |
| BAL | WITH PAC | F | | nter anly ane cause per line | | 1 | | T | APPROXIMATE INTERVAL | = |
| ST., | 24 HOU ITEM 1B. LONG V PERMIT. SIENE, D | | PART I DEATH WAS | CAUSED BY: | OVONARY " | THRIMBOS | 1.0 | | BETWEEN ONSET AND DEATH | - |
| W. PRESTON ST | | 13 | 4-10- | | AS A CONSEQUENCE OF | 1 | | | 74.07.18 | - |
| PRES | ANSI H | 10 | Canditians, if any, | | COVONANI 1 | AKTERIOSE | LEROSES | | 415 | |
| ₹ | (ECUTED WITHIN 5" IN PENCIL IN STANDING IN BURIEL TRANSIT AND MENTAL HY NOW, OR REMOVAL | | cause (a) stating the lying cause last. | | AS A CONSEQUENCE OF | | 7, 11 | | / | _ |
| 301 | EXECUTED UG" IN PE ICAL EXAV | | | (c) | | | | | | |
| DIVISION OF VITAL RECORDS, 301 | | Z | PART 2 OTHER SIGNIFICANT CON | DITIONS CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMINAL DISEA | ISE OR CONDITION GIVEN IN PART 1 | (a). | | | |
| ECO | PED BE E. PENDINGE AS A HEALTH | CERTIFICATION | 19g. DATE OF OPERATIO | N 19 COND | TION FOR WHICH OPERATION | IDDEN- | | 1. | | |
| FALS | | E S | - | , | TION FOR WHICH OFERATION | WAS FERFORMED? | | -7/ | 20. AUTOPSY? | |
| 7 | ATE SHC WORD THE CH LD BE U KENT OF BURIAL, | E | 21a. EXTERNAL CAUSE | VAS 216. TIME OF | F INJURY 21c H | HOW INJURY OCCURRED (| ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 21 | YES NO 4 | _ |
| ON | SEOSET ~ | | UNDERLYING OR CONTRIBUTING CAU | | MONTH DAY YEAR | | SLEEP | | | |
| /ISF | CERTIING DED T SHOPPRIOR | MEDICAL | 214 INTURY OCCURRED | PLACE | OF INJURY (AT HOME, 21f. LC | OCATION | 1 - | , | 1 11 | - |
| ō | KE: THIS CER VIE, WRITING ORWARDED R: PAGE 3 S E STATE DEP | 2 | WHILE NOT WHI | ILE STREET, FAG | TORY, FARM, ETC.) | of MARTH | UK DULL TRE | COUNTY | Mour MA | |
| | R: TH. VORW St. PAR. ST. | | | k charge of the remains des | stoed abave, held an Auta | psy . Inspection | Inquiry . | and in my opinia | 7 70-01 7 19 | - |
| I | EXAMINER: CERTFICATE JID BE FOR DIRECTOR: WITH THE ARYLAND, 2 | | death resulted fram: | D | Accident , Suicide | | Undetermined manner | 7. | - , | |
| | EXAMI CERTIF JID BE DIREC WITH ARYLA | | // | = 01/1. | 6.111 | TITLE SPECIFY). | | | -1.60 | |
| | HOUNTH HOUNTH | | SIGNATURE 4 | and the | yuffell | M.D. DRPV | MEDICAL EXAMINER | DATE SIGNED | 1/1/19 | |
| | TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 211 | 4 | EXAMINER'S NAME (TYPE OR PRINT) | F.C. 1 | MAYLE | ADDRESS 8200 WS | conswave B | > दाभटा। | A MB 20014 | , |
| 00 | PAG PAG PAG AFTE BALT | 23 a. B | URIAL CREMATION REMO | 7/3/79 | Gate of He | or CREMATORY Caven Cemete | ry or Silver | Spring, | Maryland | = |
| | DHMH - 17 | 24. F | UNERAL DIRECTORSON | Wheeler Fu | neral Home. In ockville, Md. | SARES 250. DATE PO | A BYREGIS OF OSB. RE | GISTRAR'S SIGN | VATURE | - |
| | (VR A15 ME (5)) 15M 7/77 | | LOOT KOCKAT | TIE PIKE "R | OCKATITE, Wd. | 20052 | J 8m 2 | 7" | gi _g cal ^x | |



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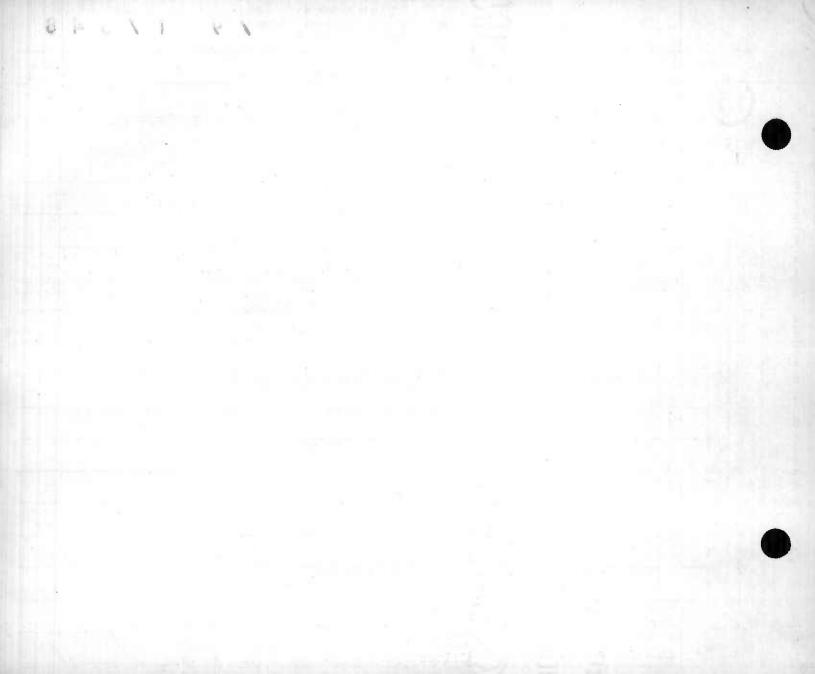
Hurtal 7/5/79 Gate of Heaven emctery Bliver Stylen, Arriver 1991 Address Hotelson Tugospe 48 T 400 Section 1991 Address Hotelson Page 1991 Address Hotelson



| 10 | 1. | FOR STATE | DEPARTMENT O | ATE OF MARYLAND F HEALTH AND MENTAL HYGI | ENEZ 9 | 17846 |
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| earn Page rend direct n.72 hours once. | | RTHPLACE (STATE OR FOREIGN 76 OUNTRY) braska | | C. 17, 1912 RIED NEVER MARRIED | M | R COUNTY OF DEATH |
| and the same | S | ilver Somina | | Poss fal | 174 USUAL OCCUPATE (TYPE OF WORK FOR MOST O homemaker | ON VIE. KIND OF BUSINESS OR MORKING LIFE) NOUSTRY |
| in 24 hour ly filled in should be next must in | Ma | ALRESIDENCE OF NURSING HOLEOR OF STATE TYLAND THER'S NAME | HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSA 13c. CITY OR TOWN OMERY SILVER SPRI OMERY SILVER SPRI | | 130 STREET ADDRESS 15111 Glad | le Drive |
| ond 2 | | Moses | 0'Brien | Mary | MIDDLE | Dawson |
| n and co | | VAS DECEASED EVER IN U.S. ARME (# YES, GIVE W | | 2011 | len. Jr. 4 | ss Silver Spring, Md. 16 Old Stone Road |
| requires that the death certificate be signed by the attending physicia. Then please remove carbon papers, at burial, cremation, ar removal rinjury, or other traumatic event, the | IION | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF | Cardlogical | efferel e xhade | |
| The law residual. | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERA | ION WAS PERFORMED | 200 AUTOPSY? | 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| SICIAN ng phys certifica irrol-troi entol Hy frem 18 | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M, 1 | 9 | ED (ENTER NATURE OF INJUR | RY IN ITEM 18, PART 1 OR PART 2) |
| DING PHY or offer this e as the bu off and M marked or | WED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOW | VN COUNTY STATE |
| TTENDING TENDING THE HOSPITAL OF THE HOSPITAL OF THE HOSPITAL THE HOSP | | 220 1 certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did pat) s 22b. SIC+14.11 | 19 | DEGREE | | . 19, that (I) (we) last ate and haur and from the causes stated |
| TO HOSPITAL TO FUNERAL II Should be deto with the Store I MAPORTANT: If | | 22d. PHYSICIAN'S NAME (TYPE OR PA BARRY N- | Novem M.D. | PHYSICIAN 1220 ADDRESS 3720 | MEDICAL STAF DIRECTOR PHYSIC PARAAC SINGTON | SUT AUE. |
| BP | 23o E | BURIAL, CREMATION, REMOVAL SPECIFY) BUTIAL | 236. DATE 236 NAME O Jul. 7. 1979 Gate of | L HOQUON | 23d LOCATION CITY OR TOWN SILVET SY | COUNTY STATE |
| DHMH-16 20M (VRA 15, 4) 7/78 | | INERAL DIRECTOR Francis O University Blu | J. Collins | 250 94 E | REC'D. BY REGISTRAM | |

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R: After this certificate has been signed by use as the burial-transit permit. Then please

TO FUNERAL DIRECTOR:

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IMPORTANT: If Item 21 is morked or Item 18

CERTIFICATION

MEDICAL

STATE OF MARYLAND

| FOR STATE REGISTRAR | | DEPAI | RTMENT OF HEALTH AND CERTIFICATE OF | |
|---------------------------|-------|--------|-------------------------------------|--|
| CEASED NAME | FIRST | WIDDLE | LAST | |

| | | | | | | | | REG. | NO | | | far. | |
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| 1. DECEASED NAME | FIRST | , | WIDDIE | L | AST | | 2a. DATE O | FDEATH | MONTH | DAY | YEAR | 26 HO | UR |
| (Contraint) | Eric | Saint | Clair | JONE: | S | | J | uly | 6 | 1979 | | 5:3 | 6 AM |
| 3. SEX | | 4 RACE | | 5. DATE C | OF BIRTH | | 6 AGE (INY | EARS LAST E | RTHDAY) | IF UNI | DER I YEAR | IF UNDE | R 24 HRS |
| Male | | Cauc. | | Ju | | 1979 | | | Υ | MONTH | 2 DAYS | 6 | 36 |
| 76. BIRTHPLACE (STATE | E OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIEI | n D NEVE | R MARRIED XX | 9 BALTIMO | RE CITY | OR COL | NTY OF D | EATH | | |
| Maryland | | USA | | WIDOWE | D | DIVORCED [| Mon | tgom | ery | | | | MD |
| Bethesda | FDEATH | (IF NOT IN SUC | HOSPITAL, NURSIN H FACILITY, GIVE STREET, A Nava! | ADDRESS) | | | 12a USUAL (TYPE OF WOR | | | | | OF BUSIN | ESS OR |
| Virginia | 136 COU | | 13c CITY OR TOW | N | 13d. INSIDE | CITY LIMITS? | 13e STREET 245 | ADDRESS O Ki | Ipati | rick | Plac | е | |
| 14 FATHER'S NAME FIRST Mark | Sa | int Clai | r Jones | | | R'S MAIDEN NA | Wini | fred | | Marc | inia | k k | |
| 160 WAS DECEASED | | | 166 SOCIAL SECU | RITY NO. | 17 INFOR | MANT | 5.22.59 | ADD | RESS | 1111 | | | |
| NO OR UNKNOW | (IF YES, GIV | E WAR OR DATES) | N/A | | Mark | Saint C | lair Jo | ones | See | e ite | m 13 | | |
| PART I. DEA | TH WAS CAUSE IMMEDIA | EĎ BY TE CAUSE (0) | line for (0), (b), one Central n | ervou | s sys | tem hemo | | com | | | BETWEEN | IMATE INTE | RVAL > DEATH |
| couse (0), | stating the | DUE TO OF | R AS A CONSEQUE | NCE OF | | | | | | 1.00 | | | |

| 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | rly one couse per line for (0), (b), ond (c) D BY | BETWEEN ONSET | AND DEAT |
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| 7678 IMMEDIA | TE CAUSE 10) Central nervous system I DUE TO, OR AS A CONSEQUENCE OF | nemorrhage complicating prematurity | |
| Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost | DUE TO, OR AS A CONSEQUENCE OF | | |
| PART 2 OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE | HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) | |

206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 🔀 YES X NO T 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) ACCIDENT WAS UNDERLYING HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED THE PLACE OF INJURY 21f. LOCATION STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE) lost

| 220 I certify that (1) (the sow the deceased | is hospital) attended the deceased olive on July 6 Olive not view the body after deat | from JULY 3, 19 19 19 79, and that in/n/y) (our) opin | 79 to July 6 ion death occurred on the date and | |
|---|---|---|---|-----------------|
| 22h SIGN MILIOF | The second second | DEGREE | · · · · · · · · · · · · · · · · · · · | 224 DATE SIGNED |

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN July 6, 1979

22e ADDRESS

Stephen M. COLDEN, M.D.

National Naval Medical Center, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

22d. PHYSICIAN'S NAME (TYPE OR PR

Arlington National

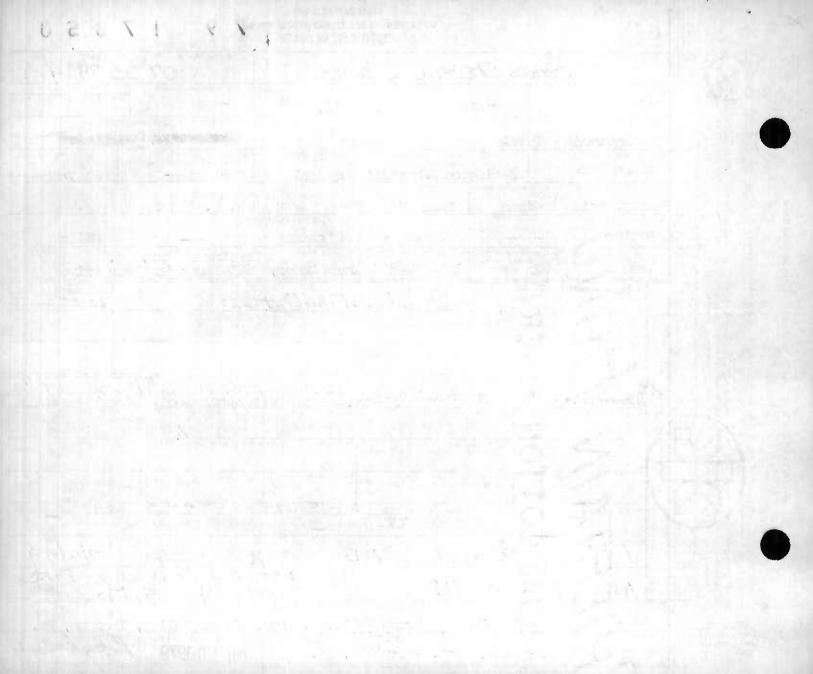
23d. LOCATION COUNTY STATE Arlington. Virginia

24 FUNERAL DIRECTOR DHMH - 16 50M 1/76

Murphy Funeral Home

Arlington, Va.

2581 3 Whot. ামা বাহাসকলে হারা Sauc. 1979 bas ivra Ahu - metanu teelest tevel teneited Pf. Lillia Lowfries Sec. 2450 Killatrick Class Saint Clair Jones Greet Wishfred Arcinick WA - Wark Saint Stait Jones and item 13 REFERENCE NEW TOTAL TOTAL PROPERTY OF THE PROP Murphy Function Home Julington, Va.



STATE OF MARYLAND

| | FOR STATE REGISTRAR | DEPARTA | | ITH AND MENTAL H ATE OF DEATH | YGIENE | 9 REG. N | 0. | 7 | 8 | 5 | |
|---|--|--|------------------|----------------------------------|------------------|-------------------------------|------------------|---------------------------------|---------------------------------|----------------|--------------------|
| | I. DECEASED NAME FIRST (TYPE OR PRINT) William | m Blakely | LAST «Tot | nes | July | | MONTH 1979 | | YEAR | 26. HO | UR 20 A |
| 4 | SEX Male | RACE White | S DATE OF B | | 7 AGE (# | YEARS LAST BIRT | THOAY) | IF UNDER | DAYS | IF UNDE | R 24 HRS |
| | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) TOWA | U.S.A. | MARRIED E | NEVER MARRIED [| _ N | ontgon | | Y OF DE | ATH | | MD |
|) | Ohevy Chase | 11. NAME OF HOSPITAL, NURSIN (FNOT IN SUCH FACILITY, GIVE SUBSET) 5516 Grove St. | ADDRESS) | THER INSTITUTION | | AL OCCUPATI ORK FOR MOST O | | #E) 12h. INDI Dis | (IND O USTRY S tri | EBUSIN U.S. | ess or Court |
| 1 | USUAL RESIDENCE (IF NURSING HOMEO 130 STATE Md Mont | | ADMISSION) N 136 | EINSIDE CITY LIMITS? | 5516 | Grove | St. | | | | |
| C | 14 FATHER'S NAME FIRST James | MDDLE LAST Jones | 15. | MOTHER'S MAIDEN P | NAME | MIDDLE | | / B1 | ake | | |
| | 160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV | RMED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 220—26—4 | | Barbara J. | Jones. | ADDRE Daugh | | | | | |
| | PART I. DE ATH WAS CAUSI | DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (c) DUE TO | facti gash | em testine cytré lour | er blee kenna | dery | ukoci | Asp | 24 | thr | 274 |
| | PART 2 OTHER SIGNIFICANT NOTICE 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | CONDITIONS CONTRIBUTING TO C | | | | ASE OR CON | 206. IF YE | VEN IN P | FINDIN | GS USE | |
| | 00.000,000,000,000,000 | ATH HOUR A.M. MONTH DA | Y YEAR | CHOW INJURY OCC | YES URRED (ENTER | - 4-3 | Y | ES 🗌 | | NO [| |
| | OR CONTRIBUTION CAUSE OF DE CA | 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | | I LOCATION STREET | | CITY OR TOV | NN A | COUN | ITY | | STATE |
| | sow the deceased alive or above (1) (we) (did) (did no | ital) attended the deceased from | 9 . ond t | hat in (my) (aur) apinio | on death occur | rred on the de | 3/ ote and ha | 19.75 ur and fre | | , , , | (we) last toted |
| | 276 SIGNATURE BULK | 9- Sherum V | MI) DEC | ATTENDING | MEDICA | L STA | FF | | | SIGNED | |

E. SHERWIN, M

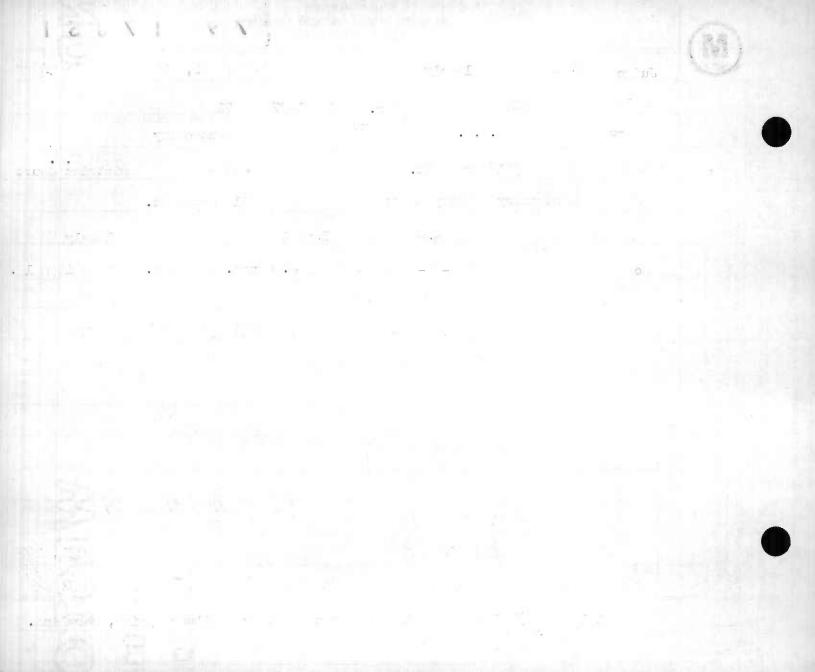
720 ADDRESS 236. DATE 8/2/1979 23c NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL Burial Gate of Heaven Cemetery

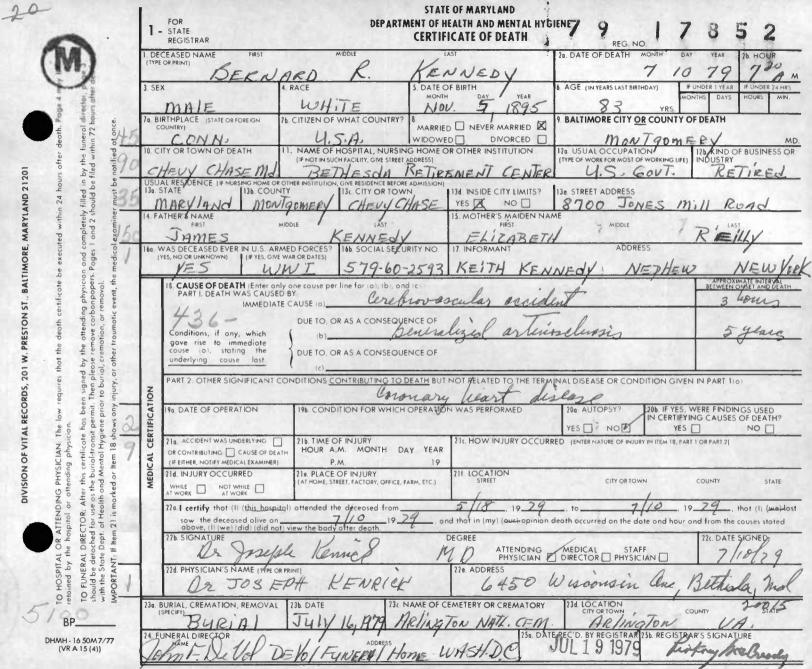
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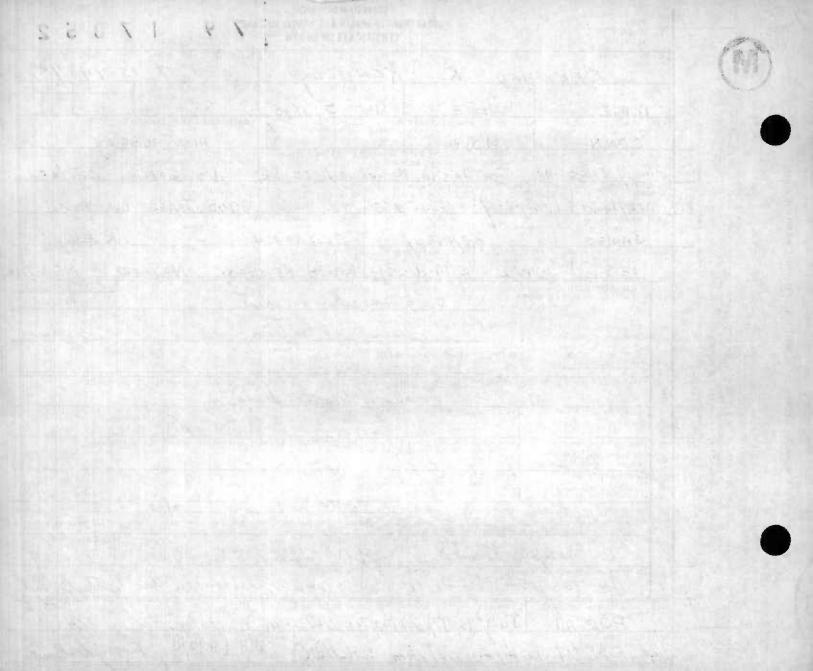
24 FUNERAL DIRECTOR JOSEPH GAWLER'S SONS INC. ATORY 13d LOCATION COUNTY STATE COUNTY STATE SEMESTRY SILVER Spring, Maryland.

136 DATE REC'D. BY REGISTRAR 1356 REGISTRAR'S SIGNATURE

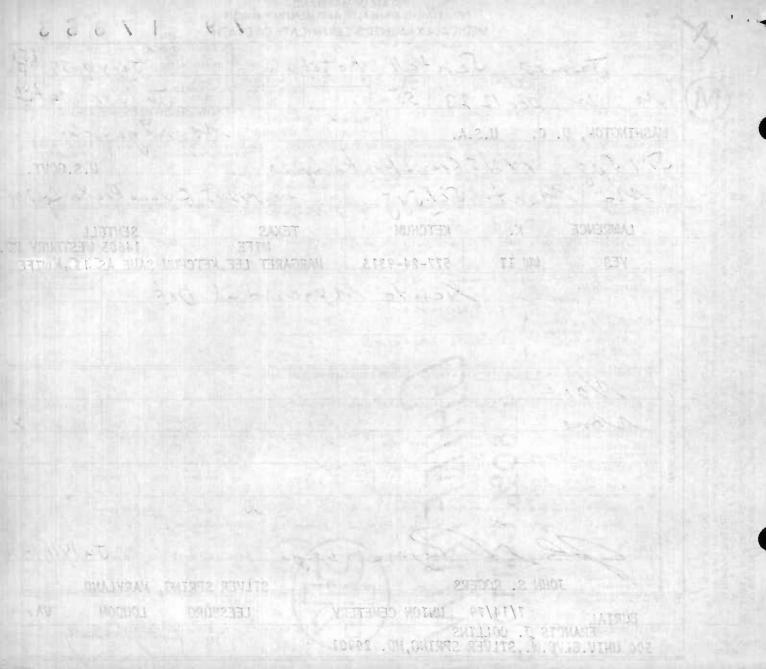
AUG 0 3 1979







STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN PC (TYPE OR PRINT) ESTI-DEATH MATED IF UNDER 1 YR IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED 50 YRS BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WASHINGTON. D DIVORCED NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY U.S.GOVT 130. STATE 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST OF VIT LAWRENCE KETCHUM TEXAS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO. **ADDRESS** 14605 WESTBURY RD DIVISION YES ww ROCKVILLE . MD . LEE KETCHUM 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF YES [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PM 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I taak charge af the remains described above, held an Autopsy Inspection death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) TO MEDICAL E
EXECUTE THE C
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TO FUNERAL E
AFTER DEATH, MEDICAL EXAMINER EXAMINER'S NAME JOHN S. ROGERS STIVER SPRING (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION LOUDDIN WA. LEESBURG 7/14/79 UNION CEMETERY BURTAI BP 250. DATE REC'D. BY REGISTRAR 250-REGISTRAR SIGNATURE. 24. FUNERAL DIRECTOF FRANCIS J. COLLINS **DHMH - 17** (VR A15 ME (5)) 500 UNIV.BLVD.W., SILVER SPRING, MD. 20901 15M 7/77



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500 UNIV BLUD, W. SILVER SPRING MO

STATE OF MARYLAND

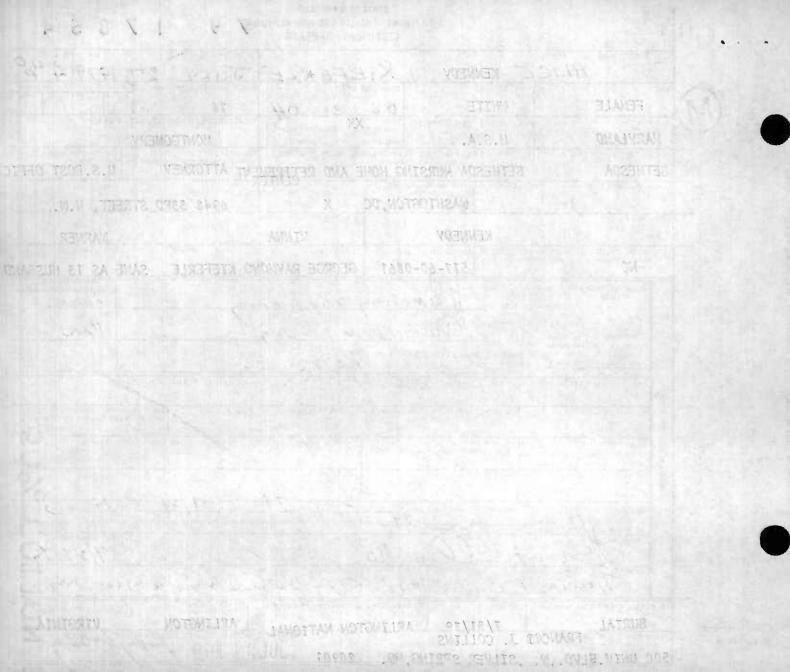
DEPARTMENT OF HEALTH AND MENTAL HYGIENT

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

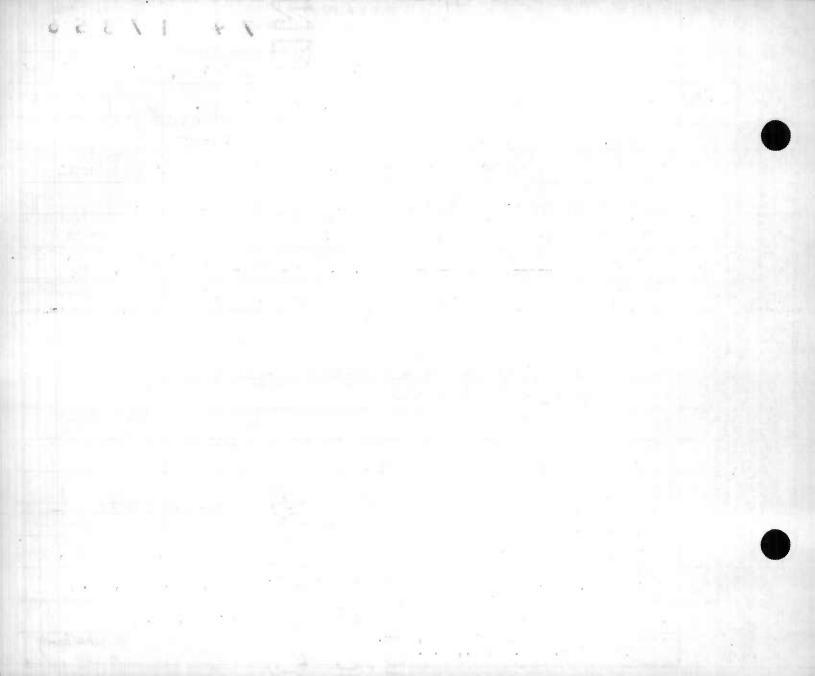


STATE OF MARYLAND



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|--|---------------|--|---|--|-------------------------------------|--|--|
| y be | | CEASED NAME FIRST HELLEN | MIDDLE | KINGSLEY | | L4th, 1979 | YEAR 26 HOUR 5,45 M |
| Page 4 may be director, page 3 hours after death | | Female | White | June 27th, 18 | 890 89 yrs | | UNDER 1 YEAR IF UNDER 24 HIS ITHS DAYS HOURS MIN |
| ter deum Pour mithin 72 hour fied 61 and | Ĺ | IRTHPLACE ISTATE OR FOREIGN OUNTRY) MASS. | 16 CITIZEN OF WHAT COUNTR | MARRIED NEVER MA | RCED Montgon | CITY <u>OR</u> COUNTY OF Nery | F DEATH MD. |
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| ly filled in should be ref must be | 130 | laryland Mont | or other institution, give residence be INTY 13c. CITY OR TO Bethes | da yes 🕍 N | 10 3 Pooks | RESS Hill Road | 1 |
| ond 2 | 14. F. | Charles Bli | 0 | | | DOLE | Chapin |
| te be execution and colors. Pages 1 of. | | NAS DECEASED EVER IN U.S. A YES, NO ORUNKNOWN) I IF YES, GH | RMED FORCES? 166 SOCIAL SE 228–42 | | ore- 2199-B Vi | ^{ADDRESS} Laguna a Mariposa | Hills, Calif |
| e law requires that the death certificate in. In the premit Then please remove corbon paper in permit abound, cremation or removal. In burial, cremation or removal. In print, or other froumatic event, the corporation of | CERTIFICATION | Conditions, if ony, which gove rise to immediate couse lot, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT A 1 196 DATE OF OPERATION | DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHI | DUENCE OF | MED 200 AUTOPS | 7? 20b. IF YES, W | /ERE FINDINGS USED IG CAUSES OF DEATH? |
| G PHYSICIAN: The law re ittending physician. er this certificate has been the burial-transit permit. and Mental Hygiene prior ked or item 18 shaws any i | MEDICAL CERT | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IN EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | HOUR A.M. MONTH | 19 211 LOCATION | IRY OCCURRED (ENTER NATURE | OF INJURY IN ITEM 18, PART | |
| by the hospital or of the hospital or of the hospital or of the feed DIRECTOR. At the detached for use of State Dept. of Health ANT: If them 21 is mort | | 22a. I certify that Whis heep sow the deceased alive a phove of (we) and) (did n 22b. SIGNATURE | 0- 4/- | DEGREE ONES MD ATT PH | 19 | STAFF | that (we) lost of from the couses stated 27. DATE SIGNED JULY 14, 1979 |
| TO HOSPITAL retained by the TO FUNERAL should be detained by the State with the State IMPORTANT: | 23a | John S. Sai | a | 22R ADDRESS 809 Vi | ers Mill Road, | DN . | |
| BP | | Cremation UNERAL DIRECTOR JOSEP | 7/16/79 | Cedar Hill Cr | ematory Suitla | and, Md. cou | UNITY STATE |
| DHMH-16 20M (VRA 15, 4) 7/7B | | MME5130 Wisc. | Ave. Wash., Dec | | JUL 181 | 379 hear | The state of the s |



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENF - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR a. TYPE OR PRINTI Sr July Otto Korber 3 SEX A RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAYS HOURS male white June 12, 1900 **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Switzerland USA DIVORCED | WIDOWED DO Montgomery Co. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION II CITY OF TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Park Sligo Gardens Nursing Home Cabinet Maker Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY College Park 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md Pro Georges 8800 Baltimore avenue YES T NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME C MIDDLE LAST p EXOM Albert Korber Bertha Weiss 17 INFORMANT ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220 32 7331 Otto Korber Jr College Park, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY Carcinomatosis IMMEDIATE CAUSE (0) 3 months DUE TO OR AS A CONSEQUENCE OF 8 months Cancer of colon with metastasis Conditions, if ony, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES TO NO TO YES M 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 11-2 78 220.1 certify that (1) (this haspital) attended the deceased from July

be deta e State l MPORTANT 22d. PHYSICIAN'S NAME TYPE OF PRINTS old b Shoul with C. J. Houmann, M.D.

sow the deceased alive on

F. Gasch's Sons P A

77h SIGNATURE

230 BURIAL CREMATION, REMOVAL

22e ADDRESS

ATTENDING

DEGREE

4404 Queensbury Rd., Riverdale, Md. 20840 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

STAFF

and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated

MEDICAL

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PHYSICIAN TO DIRECTOR PHYSICIAN

(SPECIFY) Burial July 21, 1979 Ft Lincoln Cemetery 24 FUNERAL DIRECTOR

Hyattsville, Md

Brentwood Pro Georges 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

July 1979

STATE

Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 1256 LTYPE OR PRINT) (NMN) KOWALSKI CAROLINE -9-3 SEX 5 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTH YEAR HOURS Female. Caucasian 23 1894 April 8.5 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Poland HSA WIDOWED XX DIVORCED MONTGOMERY ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) Home BETHESDA SUBURBAN HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) \$11verSpring 13d INSIDE 13816 North Gate Lane Montgomery Maryland 4 FATHER'S NAME 5 MOTHER'S MAIDEN NAME Unavailable Kubacki Unavailable 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Edward P. Kowalski same as item 13 015 07 1706 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARAIAC IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 10) ARTERIOSCIEROTIC HEART DIJEALE Canditions, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ARTERIOSCUTEOSIS GENERALIZED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16 CERTIFICATION SENILE NEWFNTIA ARTERIOSCLEBOSH 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NONE 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY NONE 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE プログイ 22a. | certify that (1) (this hospital) attended the deceased from, TULY ond that in (my) (our) opinion death occurred on the date and have and from the causes stated sow the deceased plive on abave (1) we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING & MEDICAL STAFF TO FUNERAL E should be detained with the State E 7 - 9 - 79DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT 22e. ADDRESS 800 PERSHING DR. SILVER SPRING M 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE PeTham New Hamishire Burial Casimir's 250. DATE REC'D. BY REGISTRARY LESS AND THE STATE OF THE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 HOMES, P.A. BETHESDA MARYLAND JUL (VR A 15 (4))

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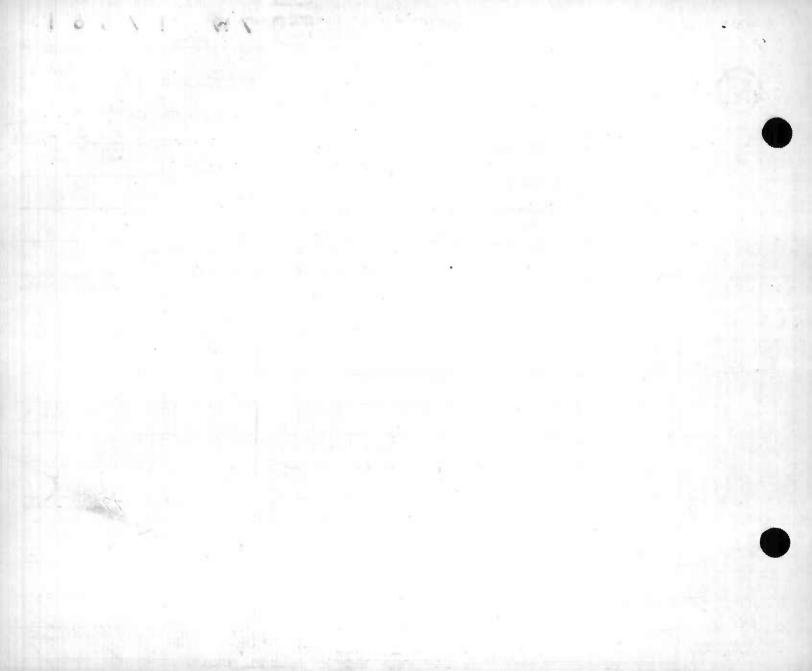
FOR

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2h HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS HOURS 82 **BALTIMORE CITY OR COUNTY OF DEATH** Montgomery 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET HOUSewife INDUSTRY 13. STREET ADDRESS 714 Tanley Road MIDDLE LAST Same as above (Hushand) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Week priosopratic cardia vascular disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (Au) apinian death accurred an the date and hour and from the causes stated 22c. DAJE SIGNED STAFF DIRECTOR PHYSICIAN 23d. LOCATION COUNTY STATE Buria1 Mont ∠Md REGISTRAPISS REGISTRARIS SIGNATURE TO DATAGE OF Hines/Rinaldi F.H.11800N.H.Ave.S.S.Md

DHMH-16 20M (VRA 15, 4) 7/78 24 FUNERAL DIRECTOR



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| ding physicion. s certificate hos burial-transit per Mental Hygiene | 0 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF ETHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M., 19 | 21c. HOW INJURY OCCURRED | O (ENTER NATURE OF INJURY | IN ITEM 18, PART 1 OR PART 2) |
| | 5 | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211. LOCATION STREET | CITY OF TOWN | COUNTY STATE |
| NOIN Se os Use os Health | DE S | | 220.1 certify that (1) (this hospital) | | 1977 | piluj or. | 19 77 , that (I) (we) lost |
| OR ATTEN te hospitol DIRECTOR Sched for u Dept. of He | 7 1112 | | saw the deceased alive on above. (1) (we) (did) (did not) | | nd that in (my) (our) opinion de DEGREE | oth occurred on the det | e and hour and from the couses stated |
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| To retoil | | 73a. t | URIAL CRIMATION REMOVAL | AL DATE A THE NAME OF C | EMETERY OF CREMATORY | 23d. LOCATION | COUNTY |
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| IMH - 16 50M 7/77 (VR A 15 (4)) | | 2 | Forma Ten Horas | 254 Carroll 9770 | washac J | UL 2 7 1979 | SE REGISSIANS SIGNATURE |
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FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENT

CERTIFICATE OF DEATH

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JOSEPH GAWLER'S SONS INC.

5139 WISC. AVE., N. W. WASH., D. C. 20010

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VR A 15 (4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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| 200 | 3 SEX | | RACE White | S. DATE OF BIRTH | 6. AGE | IN YEARS IF UN | | | DATE | MONTH | DAY YEAR | 2d. HOUR |
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| OR REMOVAL | | gave rise | , if any, which to immediate | (b) (b) | MANIE | BRAIN | SYND | como | | | 8-104 | EHKS |
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| | | 22a. I certify | y that I took charg | ge of the remains | cribed abave, held | an Auto | sy , Inspection | an In | quiry | ond in my o | pinion | |
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG, NO LAST 20. DATE OF DEATH MONTH DECEASED NAME 2h HOUR TYPE OR PRINT Gertrude July 15, 1979 5:58P N. Landay 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR January 3, 1916 DAYS Female Caucasian TO BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA New Jersey WIDOWEDK DIVORCED [] Montgamery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 7405 Barra Drive Bethesda Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Bethesda 7405 Barra Drive Montgomery YES Maryland 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE FIRST MIDDLE Ezekiel Celia Slutsky Nissenbaum ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 363-10-2849 Peter Kimmel, 5608 Vernon Pl. Bethesda, Md. No 18. CAUSE OF DEATH (Enter only one couse per line for,(a), (b), and (c) PART I. DEATH WAS CAUSED BY OVOM carcinowa month IMMEDIATE CAUSE (a) Me DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on the body after death and that in (h) (our) opinion death occurred on the date and hour and from the causes stated 17h SIGNATIORE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 2150 Pa. Ave. NW, Washington, D. C. Rm. 624 Philip Cohen, M. D. 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 7-17-79 Falls Church King David

DHMH - 16 50M 7/77 (VRA 15 (4))

24. FUNERAL DIRECTOR

Danzansky-Goldberg Mem. Chap. Rockville, Md.

EQ D. BY SEC S FAR 256. RE LESS HAS THE SECOND SECO

Virginia

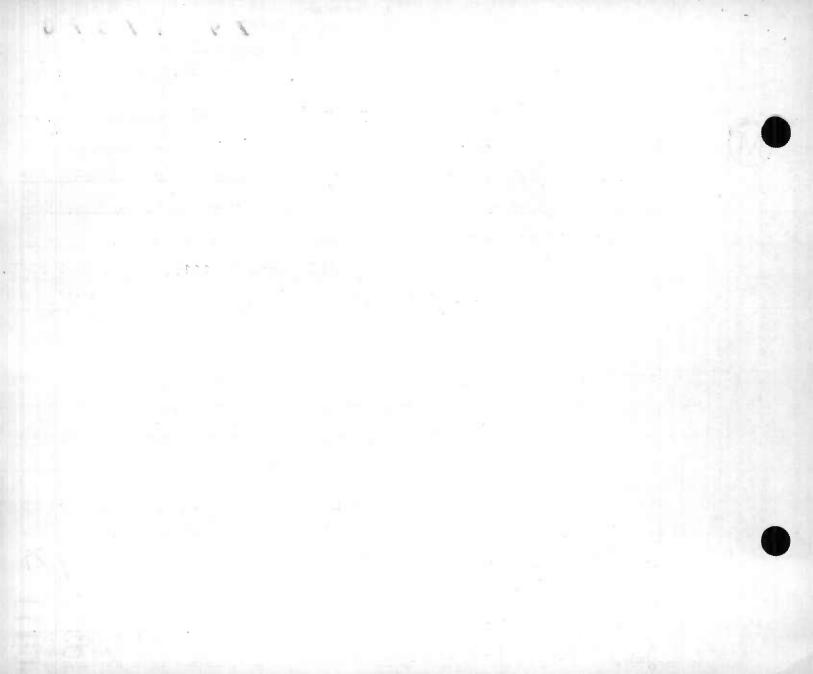
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| 1. | FOR STATE | | STATE OF MARYLAND NENT OF HEALTH AND MENTA | | 7 8 6 8 |
|---------------|---|--|---|---|--|
| 1.0 | REGISTRAR ECEASED NAME FIRST | MEDICALE | XAMINER'S CERTIFICATE | REG. NO. | MONTH DAY YEAR & 7% HOL |
| | YPE OR PRINT) Evel: | m M | Lapham | 20. DATE KNOWN X OF ESTI- DEATH MATED | 7/10 70 |
| 3. SI | | S. DATE OF BIRTH | AGE IN YEARS IF UNDER TYR. IF UND | DER 24 HRS. 2c. DATE | |
| H | emale White | Jan. 10, 1890 | RO YRS. | MIN. PRONOUNCED DEAD | 7/10 19 79 A. |
| 76 | BIRTHPLACE (STATE OR | 76 CITIZEN OF WHAT COUNT | | RRIED 9 BALTIMORE CITY OF | |
| 1 | Pennsylvania | USA | WIDOWED DIVO | RCED Montgomer | y County |
| | CITY OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE STR | | 128. USUAL OCCUPATION (TYPE (FOR MOST OF WORKING LIFE) | OF WORK 12b. KIND OF BUSINESS OR INDUSTRY |
| T | akoma Park | Sligo Garden | s Nursing Home | Housewi | fe own home |
| 13a. M | aryland Mont | OR OTHER INSTITUTION, GIVE RESIDENCE B NTY 131 ROC SOMERY XXIV | MONTHLE 138 INSIDE CITY LIMITS | 13e. STREET ADDRESS] ST | anley Court |
| 14.1 | ATHER'S NAME | MIDDLE L | IS. MOTHER'S MA | IDEN NAME | LAST |
| | (unknown | 1) | | unknown) | 1 |
| 16a. | WAS DECEASED EVER IN U.S. A YES, NO. OR UNKNOWN) (IF YES, GI | /E WAR OR DATES) | AL SECURITY NO. 17. INFORMANT | | Stanley Court |
| | no nor | | tainable John La | pham-son- Roc | kville, Md. |
| | DADTIDEATH WATER CALLS | enly one cause per line for (o), (b), ED BY: | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | 41299 MMEDI | DUE TO, OR AS A CONS | ocardial disease | | |
| | Canditions, if any, which | h satonica | clerotic cardiovaso | ular disease. | Years |
| | gave rise to immedio cause (o) stating the <u>unde</u> | 1-/- | | arar arbeabe. | 1car b |
| | lying couse lost. | (c) | | | |
| 7 | PART 2 OTHER SIGNIFICANT CONDITIO | S CONTRIBUTING TO DEATH BUT NOT RELATE | O TO THE TERMINAL DISEASE OR CONDITION GIVEN IN | PART T (a). | |
| 100 | Fracture | of left hip. | | | |
| FICA | | | HICH OPERATION WAS PERFORMED? | | 20. AUTOPSY? |
| CERTIFICATION | 1/1/79 & 6/6/7 | 21b. TIME OF INTURY | f left hip. | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | YES NO NO |
| | UNDERLYING OR | 21b. TIME OF INJURY HOUR (A.M) MONTH TEATH 7:00.M. 12/3 | PAY YEAR Fell at hom | | NET SAFARI 2) |
| MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF INJURY | (AT HOME, 21f. LOCATION | | |
| X | AT WORK AT WORK | STREET, FACTORY, FARM, ETC Home | | renue, Silver Spri | ng. Mont. Md. |
| | | rge of the remains described obove | | brak 🗆 | in my opinion |
| | | urol couses XX, Accident | , Suicide . Homicide | | ін ту оріпіол |
| 13 | | T ^ | TITLE (SPECIFY) | onderenmental monner | |
| 1 | ACTUAL SIGNATURE | bal) | Deputy | MEDICAL EXAMINER | DATE SIGNED 7/11/79 |
| 1 | EXAMINER'S NAME | | 1919 | Seminary Road er Spring, Montgo | |
| 22 | (TYPE OR PRIN JOI | n S. Rogers, M. | | | mery, Md. |
| | BURIAL, CREMATION, REMOVAL | 7 1 2 7 0 12 12 12 12 12 12 12 12 12 12 12 12 12 | me of cemetery or crematory ropolitan Cremat | 23d. LOCATION CITY OR TOWN | COUNTY STATE |
| 74 | remation UNERAL DIRECTOR Pumpl | 7-12-79 Net: | ropolitan Cremat | EREC'D. BYREGISTRAR 1250. REGIST | Fairfax Va. |
| | 34 Ga. Ave., | S.S. Md | 16 Wysor . | MT 13 13/3 /23 | 1-19/10 wordy |
| 7 | of Ga. Ave. | 3.5. Ma | | | |

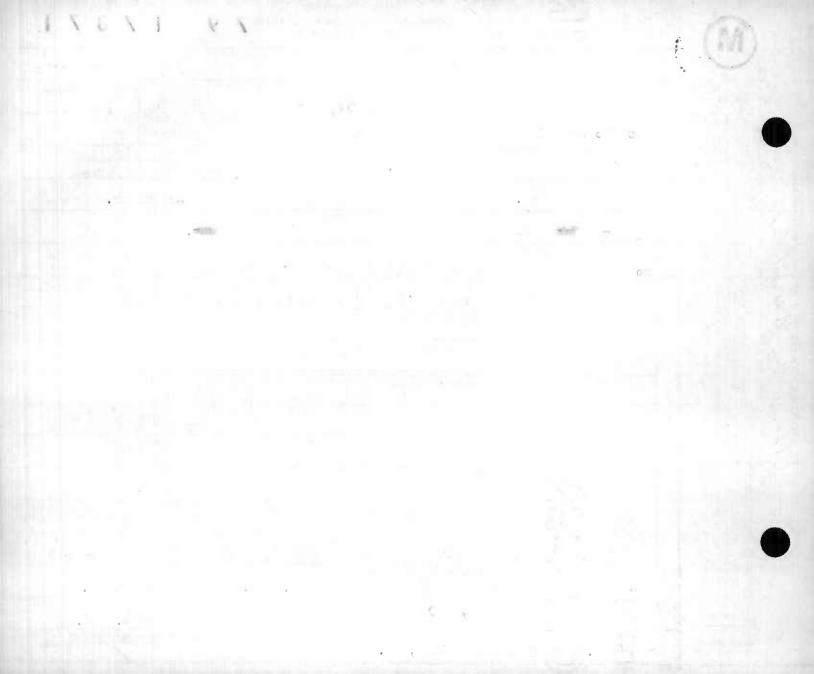
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| | Ŀ | REGISTRAR | | | | CERTII | ICATE OF D | EATH | | REG. No | o. • | 7 | 60 800 per |
| m 5 | 1 DE | CEASED NAME OR PRINT) | FIRST | | MIDDLE | | AST | | | FDEATH | MONTH DA | YEAR | 2b. HOUR |
| f moy be or, page 3 ffer death | | | EDWAR | D . | JOHN | Le | BRUN | SR. | July | y 28 | ,1979 | | 3:30A |
| mo fer o | 3 SE | | 1 | RACE | | S. DATE | | YEAR | AGE IN | EARS LAST BIRT | | UNDER I YEAR | IF UNDER 24 HRS |
| ge 4 | | Male | | CAUCA | ASIAN | 3 | - 20- | 1918 | | 61 | YRS. | INTHS DAYS | HOURS MIN. |
| | 7a. B | RTHPLACE (STATE OR FO | OREIGN 7 | | WHAT COUNTR | Y? 8 | DXXNEVERA | | 9 BALTIMO | | R COUNTY C | F DEATH | |
| | | arvland | | U. | S. | WIDOW | - | ORCED | Mont | tgome | nu | | M |
| | | ITY OR TOWN OF DEA | |]# NOT IN SU | HOSPITAL, NURS | EET ADDRESS) | | TITUTION | 12e. USUAL | OCCUPATE | ON FWORKING LIFE) | INDUSTRY | F BUSINESS OF |
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| filled ould b | | AL RESIDENCE (IF NURS | | | |)WN | 134. INSIDE C | | 130 STREET | ADDRESS | | | |
| shou | | aryland ATHER'S NAME | Mont | gomery | Kensin | gton | YES 🗌 | NO [2] | 1110 | 00 Kei | nsiggt | on Bl | vd. |
| d within of pletely and 2 shi | 14.77 | FIRST | | DOLE | LAST | | | MAIDEN NAM | | MIDDLE | 1 | LAS | ī |
| e 0 - | | Walter | | | | | Mary | | McC1 | lella | nd | | |
| e execu | 100 | VAS DECEASED EVER | (IF YES, GIVE V | VAR OR OATES) | 166. SOCIAL SE | CURITY NO | 17 INFORMA | | | ADDRE | | | |
| | | NO | NA | | 212 14 | 3042 | CECEI | IA Le | BRUN | 1111 |) KEI | | TON BL |
| equires that the death certificate E signed by the attending physicia Then please remove carbonpapers to burio! cremation, or removal injury, an other froumatic event, the | NO | Conditions, if any, gove rise to immacouse (a), stating underlying cause | nediate ng the last. | (b) DUE TO, O | R AS A CONSEC | DUENCE OF | NOT RELATED | TO THE TERM | INAL DISEAS | E OR CON | DITION GIVEN | IN PART To | 01 |
| an. hos beer permit ene prior | CERTIFICATION | 19a DATE OF OPERA | TION | 196 COND | ITION FOR WHIC | H OPERATIO | N WAS PERFO | RMED | 200 AUTO | PSY? | | VERE FINDING CAUSES | |
| IYSICIAN: The kinding physician: s certificate hos buriol-transit per Mental Hygiene or frem 18 shows | | 218. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC | CAUSE OF DEATH | | M. MONTH | DAY YEAR | 21c HOW IN | JURY OCCURR | | | | | |
| PHY Hendir The bu and W | MEDICAL | 214 INJURY OCCUR | RED HILE | 210 PLACE | | | 211 LOCATIO STREET | N | | CITY OR TOW | · N | COUNTY | STATE |
| the hospital ALDIRECTOR PROCEDURE for use Dept of Hem 21 is | (| 220 I certify that (1), sow the decease above (1), we) to 426 SIGNA 7/11. | this hospito ed alive on did! did not? | view the body | olier death. | 74. | | TTENDING PHYSICIAN | MEDICAL DIRECTOR | STAF | F IAN [] | 17L DATE | |
| TO HOSPITA retained by TO FUNER should be d with the Sto | *** | MILTON | 一子 | . Ko | U | | 100 | 301 6 | MO | | AVE | - (| / |
| 11000 | 23a. E | URIAL, CREMATION, | REMOVAL | 236 DATE | | | EMETERY OR C | REMATORY | 23d. LOCA | NOITA | co | YTAUC | STATE |
| 7 BP | | BURIAL | | 7/31 | /79 | OAKLA | WN | | | LTO | | | MD. |
| DHMH-16 20M (VRA 15, 4) 7/7B | 24. FI | INERAL DIRECTOR | rech | 12 | 11 Che | esaw | Are- | 25e. DATE | UG 0 1 | 1979 | 25b. REGISTOA | R'S SIGNA | Brudy |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2h. HOUR TYPE OF PRINTS MARIA ANTONIA LERCH JULY 1979 12 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR HOURS Female White 72 March 28 1907 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Czeckoslovakia USA Montgomery WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR 429 McArthur Dr. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Wife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Mont. Rockville 429 MCArthur Dr. 134 INSIDE CITY LIMITS? YES X NO [IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE Ensinger Maria SVORODA FRANZ 2269 Plaster Road 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT NE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Guenther W. Lerch Atlanta, Georgia 30345 ho APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per lin PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate tot, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS (ON RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 100 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO X YES T NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK AT WORK 22a L certify that (1) (this haspital) attended the deceased from the deceased alive an A 7 / (1) (we) (dill) (dis not) view the body offer death and that in (my) (our) opinion death accurred on the date and have and from the causes stated 221/SIGNATURE 224. DATE SIGNED ATTENDING \ MEDICAL 7-16-79 PHYSICIAN DIRECTOR | PHYSICIAN | MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) Che 220 ADDRESS ld b Silver Spring, Md. Dr. Carroll Mahoney 10301 Ga. Ave. shoul 0 July 17,197 Goshen 23d LOCATION 230 BURIAL, CREMATION, REMOVAL ITY OR TOWN STATE COUNTY Goshen Mont. Md. BP Burial 250. DATE PEC D. BY REGISTER 256. REGISTRAP'S SICHATURE 24 FUNERAL DIRECTOR DHMH-16 20M Francis H. Barber Laytonsville, Md. 20760 (VRA 15, 4) 7/78



24 FUNESAL DIRECTOR Modern Funeral HOME 382 1-14th St, N.W.

Wash D.C. U.S.A

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENLY

CERTIFICATE OF DEATH

REG NO

26 HOUR

Private

110

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

IF UNDER 24 HRS

20. DATE OF DEATH MONTH

JUL 2 3 1979

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

REGISTRAR

DECEASED NAME

- STATE



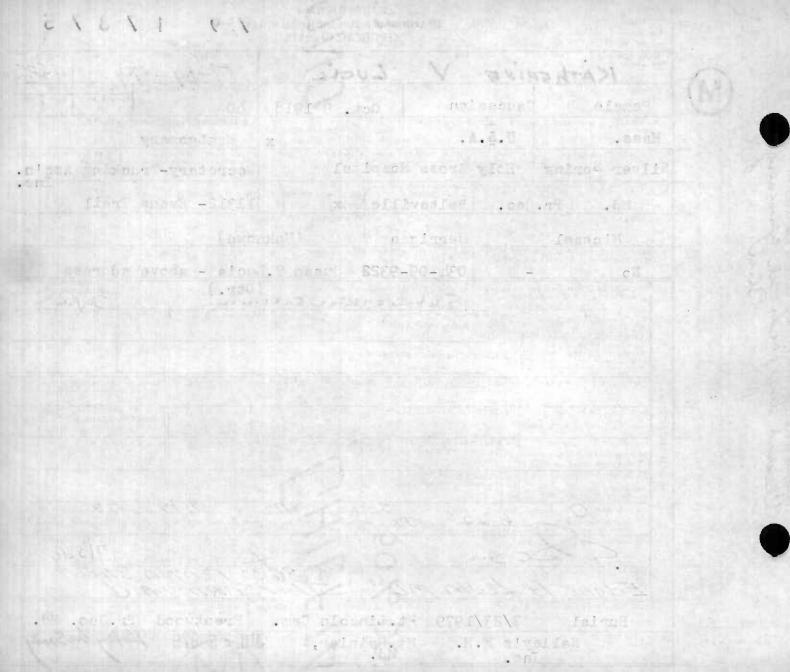
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Separation of the Separate CANTINCTURE MILES HELLES CALL COURSE HANDER LAND BELLES M.C. In Presently Local Pages . Sont Present in Law Court A STATE OF STATE OF STATE STAT Lange and the transfer and matter state that Pill a life Spine was about the state of the same was

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| 2 75 | 1. DE | CEASED NAME FIRST OR PRINT) | | MIODLE | , | AST | 20 DATE OF DEATH | MONTH DAY YEAR | 26 HOUR |
| à (ha) | 3 SE | KATHE | A RACE | Y | 5. DATE C | JCI & | 6. AGE (IN YEARS LAST BIR | THOAY) IF UNDER 1 YEAR | IF UNDER 24 HRS |
| i (ivi) | | Female | Caucas | ian | MONTH | | 60 | MONTHS DAYS | |
| Pag Pag | 7a B | RTHPLACE ISTATE OR FOREIGN | 76 CITIZENLOF | | RY? 8 | | | OR COUNTY OF DEATH | |
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| by the to | | TY OR TOWN OF DEATH lver Spring | HOTTY | | RSING HOME C | rother institution tal | 12a. USUAL OCCUPAT | | OF BUSINESS OR |
| ND 212 | USÚ. 13a S | AL RESIDENCE (IF NURSING HOME OF STATE 186 COU | ROTHER INSTITUTION NTY Geo. | 13c. CITY OR T | efore admission) OWN Ville | 13d. INSIDE CITY LIMITS? | 130 STREET ADDRESS 11312- EV | vans Trail | Inc. |
| MARYLAND 21201 METATOR Med within 24 hours of the completely filled in by 1 ond 2 should be filed to the complete must be not a | 14. FA | THER'S NAME FIRST Michael | MIDDLE | Harri | gan | IS MOTHER'S MAIDEN NA | | | AST |
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| the man the ma | | NO | -1 | + | 5-9322 | Susan V. | (Dtr.) | oove addres | S S XIMATE INTERVAL LONSET AND DEATH |
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| 3-105 5502 | MEDICAL | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE (AT HOME, STE | OF INJURY REET, FACTORY, OFF | ICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOV | NN COUNTY | STATE |
| TTEND Spital of for use of Heo of Heo | | 27a. I certify the (1) this hosp sow the deceased alive or obove, (1) (we) (and) (did n | 6-2 | 2 1 | 9 <u>79</u> . on | d that in (my) (our) opinion | depth occurred on the de | ote and hour and from the | |
| TAL OR A by the hos Ny the hos detoched detoched to the Dept. | | 17h SIGNATURE | € Dre | ι, | ī | DEGREE ATTENDING PHYSICIAN | MEDICAL STAI | FF 7/1 | FOLG |
| TO HOSPITAL of retained by the TO FUNERAL should be deton with the State IMPORTANT. If | | 22d. PHYSICIAN'S NAME (TYPE OF | . 1' 1 | un n | | 27 ADDRESS 86 STIVE | SPRINS | on STRE | 7 |
| BP | - (: | Burial, CREMATION, REMOVAL Burial | | 1979 2 | | netery or crematory | 23d. LOCATION OCITY OF TOWN Brentwo | | |
| DHMH - 16 50M 7/77 (VR A 15 (4)) | 24. F | NAME NAME NAME | y's F. | H. ADDRESS | Mt Ra: | inier, 25a. DAI | 10102159979 | 25h. REGIS BALLS NO. | receiving |



DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Y REGISTRAR DECEASED NAME KNOWN X MONTH (TYPE OR PRINT) OF ESTI-Alexander Macdonald nmn 19 4. RACE & AGE (IN YEARS | IF UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Jul. 18, 1896 82 DEAD Male White 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington .DC USA WIDOWED DIVORCED Montgomery County II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCE 250) 5 IVE STREET ADDRESS) 12a. USUAL OCCUPATION (TYPE OF WORK Retired Mngr. Silver Spring Glen Allen Avenue. Laboratories 3. RETAIN SHOULD BE 101 12.50 ET ADDRESS 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN YEST NO D 2565x Glen Allen Avenue, #200x Maryland Montgomery Silver Spring OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Donald Allen Macdonald Jesse Green 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (same as DIVISION (YES, NO, OR UNKNOWN) PAGES 63-07-9321A Elizabeth Macdonald-wife-WW 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which chronic myocardial disease. gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) None 19a DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF None YES [] NOXX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection XX 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Notural couses XX death resulted from: Accident Homicide . Undetermined monner TITLE (SPECIFY) AGE 4 SHOOT OF FILE OF STATE O 7/8/79 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road EXAMINER'S MAME John S. Rogers, M.D. Silver Spring, Montgomery, Md. 230 BURIAL CREMATION, REMOVAL 236. DATE 23d. LOCATION Metropolitan Crematory Alexandria Fairfax Cremation 7-8-79 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S GIGNATURE Warner E. Pumphrey ADD INC. **DHMH-17** (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

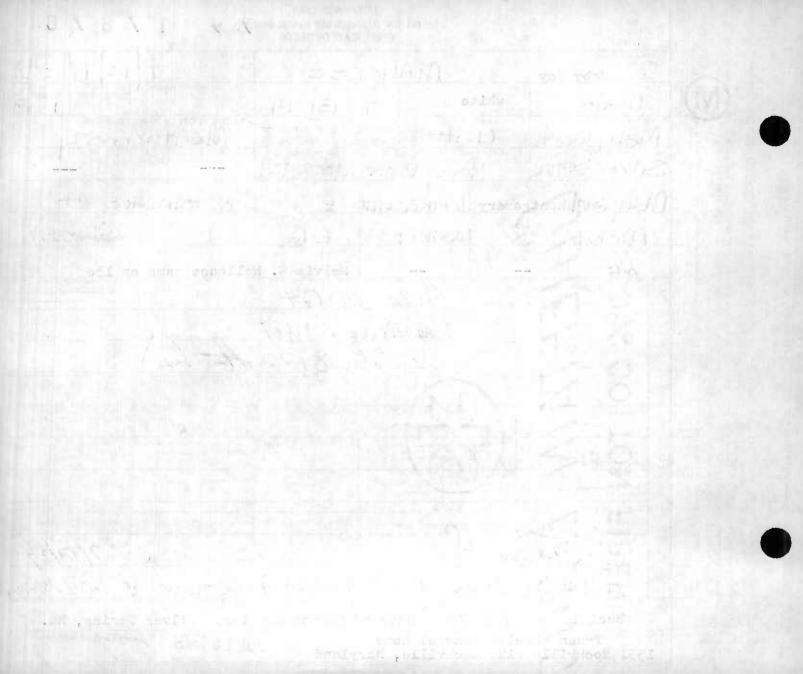
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| 100 | 1. | STATE REGISTRAR | | DET ! | | CATE OF DEAT | | REG. N | 1 | 0 / | |
| (W) | | CEASED NAME FIR | lith | P. | MAGRE | UDER | 2a. I | DATE OF DEATH | MONTH DI | 1974 | 2 HOUR 2 |
| ge 4 may ector, po rs after d | 3 SE | F | 1 RACE | 1 | S. DATE C | | 6 A | GE (IN YEARS LAST BIR | | | IF UNDER 24 HRS |
| death. Pag | 7a BI | RTHPLACE ISTATE OR FOREIGH | N 76 CITIZEN OF | SA WHAT COUN | TRY? 8 MARRIEI WIDOWE | NEVER MARRI | ED K | ALTIMORE CITY C | | | MD. |
| s ofter d by the fu | 10 C | POCK VILLE | | HOSPITAL, NU CHEACHITY, GIVES | TREET ADDRESS) | ING HOT | (TYP | USUAL OCCUPATIVE OF WORK FOR MOST OF | F WORKING LIFE | INDUSTRY | BUSINESS OR REASURY |
| AND 212 | 130.5 | | IOME OR OTHER INSTITUTION COUNTY | 13c CITY OR | BEFORE ADMISSION) TOWN VILLE | 13d. INSIDE CITY LIA YES X NO [| MITS? 13e | STREET ADDRESS 36 GREAT | | | |
| MARYLA ted within ompletely ond 2 sh | 14 FA | THER'S NAME FIRST AMOS | MIDDLE W | MAGRU. | | 15 MOTHER'S MAID FIRST MOL | LIE | MIDDIE | 1 | WILSON | |
| BALTIMORE, cole be executivation and colors. Pages 1 val. | | VAS DECEASED EVER IN U (15 y NO OR UNKNOWN) (15 y | I.S. ARMED FORCES? YES, GIVE WAR OR DATES) | | AILABLE | VIOLET | MAGRUI | ADDRI DER (SAM | E AS 1 | | |
| W. PRESTON ST., string the death certification by the attending physic remotion, or remotion, or remotine transmitter transmatic even | フ | Conditions, if ony, who gove rise to immedia couse (a), stating to | DUE TO, C | or AS A CONS | EOUENCE OF | price | mon | ia | | 4 | ATE INTERVAL ISET AND DEATH |
| L RECORDS, 2D1 The low requires the son the been signed by permit. Then please the pricar to burial, owe only injury, or a | CERTIFICATION | PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION | ity, and | terr | osclu | - | ande | DISEASE OR CON OUTOPSY? TES NO X | Law 20b. IF YES, | WERE FINDING | SS USED |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir catter this certificate has been signs of the burial-transit permit. Then th and Mental Hygiene prior to b acked or Item 18 shows any injury | MEDICAL CER | 210. ACCIDENT WAS UNDERLYED OR CONTRIBUTING TO CAUSE (IF EITHER, NOTEY MEDICAL EXA | OF DEATH HOUR A AMINER) P | .M. MONTH .M. OF INJURY | 19 | 211. LOCATION | | (ENTER NATURE OF INJU | RY IN ITEM 18 PA | RT 1 OR PART 2) | |
| TENDI tol or OR: A or use f Heal | W | WHILE AT WORK AT WORK 220 I certify that (1) (this saw the deceased al | | | omFe | d that in (my) 500) | ST. | to JUL | 146.1 | 9 7 9 , th | ot (I) (we) lost |
| 10SPITAL OR ATT ned by the hosp FUNERAL DIRECT Job be detoched to the State Dept. o | | 22b. SIGNATURE 22d. PHYSICIAN'S NAME | C. G. | Mull | / | DEGREE | DING MI | EDICAL STA RECTOR PHYSIC | FF | 22c. DATE SI | |
| TO HOSPITA retained by TO FUNERA should be diwith the Stoll IMPORTANT | 22. 1 | Stephen | C. Crox | mwell | mD. | 615W | mmt | ig omery | Roci | Kville, | mid |
| 005 BP | 230 (| BURIAL | 7-10- | | | EMETERY OR CREMA | - | BETHESDA | | ONTG | STATE MD. |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | 24. FI | JNERAL DIRECTOR | PHREY FUNER | ADDRES | s RC | CKVILLE MD. | JUL T | 2 1979 | The state of the s | my hal | iody |

July 1 States 1 States 1 States

| D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral dispersion |
|---|
| |

| | 1 | | | STATE OF MARYLAND | | |
|------------------------------|---------------|---|---|---|-----------------------------|--|
| | 1. | FOR STATE REGISTRAR | DEP | ARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA | TH ' | 6. NO. |
| | | CEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEA | TH MONTH DAY YEAR 26 I |
| 7 | | Baby Boy | V | lAllonee | | 7 13 79 |
| 1) | 3 SE | Male | 4. RACE White | S DATE OF BIRTH | AGE (IN YEARS LA | IF UNDER 1 YEAR IF UMONTHS DAYS HOL |
| 13/ | | RTHPLACE (STATE OR FOREIGN, NOTRY) | 76 CITIZEN OF WHAT COUN | MARRIED NEVER MAR | RIED M | ITY OR COUNTY OF DEATH |
| 8 | 6 V) | NIVET SPIN | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE | URSING HOME OR OTHER INSTITUTION STREET ADDRESS) | 128 USUAL OCCU | UPATION 126 KIND OF EU AOST OF WORKING LIFE) INDUSTRY |
| Anna be | USU | AL RESIDENCE (IF MURSING HOLEOR) TATE I (18b, COUN) Monte | | TOWN 13d INSIDE CITY I | | SINDALE C+ |
| Skamine 1 | 14 F/ | THER'S NAME | R Mail | 15. MOTHER'S MA | AIDEN NAME | BHN'S |
| medicol | | VAS DECEASED EVER IN U.S. ARA | WED FORCES? 166 SOCIAL | SECURITY NO. 17 INFORMANT | A | DDRESS |
| event, the me | | NO . | - | Melvin | R. Mallonee | same as 13e |
| injury, or other troumotic e | NOI | Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C | DUE TO, OR AS A COMP | EUENCE OF CURLY (CONTROLLED TO DEATH BUT NOT RELATED TO | THE TERMINAL DISEASE OR O | CONDITION GIVEN IN PART 110 |
| shows ony | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATION WAS PERFORME | 200 AUTOPSY? YES ☐ NO | IN CERTIFYING CAUSES OF D |
| Item 18 shows | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | 21b. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR | Y OCCURRED (ENTER NATURE OF | F INJURY IN ITEM 18, PART I OR PART 2) |
| morked or It | MEDICAL | 21d. INJURY OCCURRED WHITE HOT WORK AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O | 211 LOCATION | CITY C | OR TOWN COUNTY |
| f Item 21 is | | 176 SIGNATURE | oi) ottended the deceosed f | . ond that in (my) (our DEGREE ATTE | 9 to | 19, that the date and hour and from the cause 22c. DATE SIGN |
| Z | | 224 PHYSICIAN'S NAME (THE OR | PRINT) | 22e. ADDRESS | A GEORGE | UN BE BETN |
| IMPORTANT: 1 | | IT. WIL JA | MANHIN 1 | 23c. NAME OF CEMETERY OR CREA | MATORY 230 LOCATION | TE ISEII |



| 7/11/29 31: | * Mins- | and we | aount. |
|-------------------------|------------------|-----------------|--------------|
| | 1/12/15965 | nnfaxouso | a sin: |
| ontromery County, , | | .4.8.4 | Greece |
| niiflards spieli-en | Legique) | in Bully Creas | Silver Sprin |
| 1815 Hishame Strout | Sometime of | ontgomory Silve | aryland. " |
| | OTTO STATE OF | | MARKELLA |
| Manus, sums as #15 | uszo psírtothia | 204-30 | OH. |
| | reliable ! | | |
| | | | |
| 7/15/12 | | | |
| lag Orive, Silver Sprin | derell 008 | ason, v.u. | John I. |
| on. Silven Spring, la | late of Bearen C | 7/17/7 | lal rad |

E HELD WILLS SING Tunkere Saurana 4527 Bandollah T.A. Manager , tornell The later will be a few to the few teachers and the Transfer of dayes of words of your bring, Saryland Trues theeler Funeral Loge, the. Anniettes , affirmore Marie affirmore acci-

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| REOISTRAN | | | REG. NO. | | | | | |
|--|---------------------------|-----------------|--------------------------------|-----------------|-------------------|--|--|--|
| 1 DECEASED NAME FIRS (TYPE OR PRINT) Chris | stopher Dow | Marshall | July 11, 197 | DAY YEAR | 26 HOUR 5:30 a | | | |
| 3 SEX | 4 RACE | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | | | | |
| Male | White | Aug. 12, 1962 | 16 YRS | MONTHS DAYS | HOURS MIN | | | |
| 70. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTE | Y? 8 | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | | | | |

Louisiana O. CITY OR TOWN OF DEATH

WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Montgomery County, 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) Student

126 KIND OF BUSINESS OR School School

The Clinical Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 137 COUNTY 137 CITY OR TOWN 13g STATE

Fairfax

13e STREET ADDRESS 13d INSIDE CITY LIMITS? YES K 15 MOTHER'S MAIDEN NAME

9104 Santayana Drive MIDDLE Williams

Virginia 14 FATHER'S NAME FIRST

No

IYES NO OR UNKNOWN)

underlying

CERTIFICATION

MEDICAL

WHILE

0 prior

and Mental Hygiene

8

100

MPORTANT:

Bethesda

Ray 160 WAS DECEASED EVER IN U.S. ARMED FORCES? I (IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

Marshall 166 SOCIAL SECURITY NO 454-37-4571

17 INFORMANT Mr. Ray Marshall (father)

ADDRESS

as above)

2DAYS

IMMEDIATE CAUSE (O) UPPER GI HEMORRHAGE Conditions, if ony, which gove rise to immediate couse (a), stating the

PART I. DEATH WAS CAUSED BY

couse lost OR AS A CONSEQUENCE OF METASTATIC

DUE TO, OR AS A CONSEQUENCE OF

OSTEOGENIC SARCOMA

Patricia

18MONTHS

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

YEAR

19

90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY

20g AUTOPSY? YES X NOT

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

21a. ACCIDENT WAS UNDERLYING MONTH DAY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 210 PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

CITY OR TOWN

STATE

STATE

220.1 certify that (this hospital) ottended the deceased from saw the deceased plive on JULV abave, (we) (did) (dydyray fiew the bady after death 226 SIGNATURE

and that in (n) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE

DIRECTOR PHYSICIAN PHYSICIAN

22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPI OF THE

Cremation

NOT WHILE [AT WORK

Institutes of Health Bethesda. Md

230. BURIAL, CREMATION, REMOVAL 13h DATE

23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY Maryland Cedar Hill Crematory-Suitland,

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Funeral Home-Falls Church The Colonial

BP

DHMH - 16 50M 1/76 (VR A 15 (4))



A A STEINISH PRINCESSON OF THE

Hay hereigh Peterets Paters

Orenezione 7-12-70 Centr Hill Cresatory-Suitland, Maryland The Colonial Punered Home-Palin Church, 181 | 5 319 | Foreign

DEPARTMENT OF HEALTH'AND MENTAL HYGIENE

1979

| 1 | - STATE REGISTRAR | | CERTIFICA | TE OF DEATH | REG. N | 0.1/3 | 3 8 2 |
|----|---|--|-----------------|---|---|---------------------|---|
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) Heni | cy Whit | e Mars | ston | 20 DATE OF DEATH | 07 24 7 | 9 1:52A |
| | 3 SEX MALE | WHITE | S DATE OF B | DAY YEAR | 6 AGE (IN YEARS LAST BIR | THOAY) IF UNOF | RIYEAR IF UNDER 24 HRS OAYS HOURS MIN |
| 10 | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) DELAWARE | 76 CITIZEN OF WHAT COUNT | MARRIED A. | XNEVER MARRIED | 9 BALTIMORE CITY C | omery | MD |
| 7 | lney, Md. | Montgomery | Gen. Hos | | 120 USUAL OCCUPAT. (TYPE OF WORK FOR MOST C ASST. DIREC | F WORKING LIFE) IND | EPT OF AGRI |
| 5 | USUAL RESIDENCE (IF NURSING HOME 130 STATE 130 CO MARY LAND MON | UNTY 1130 CITY OR 1 | R SPRING Y | INSIDE CITY LIMITS? | 3380 CHIS | WICK COUR | т |
| E | HOWARD | G. MARSTO | N | ALTCE | MIODLE | | KEË |
| | 160. WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G | ARMED FORCES? 166 SOCIALS LIVE WAR OR DATES) 217-44 | | INFORMANT HELEN W. MA | RSTON , SA | ME AS 13 | WIFE APPROXIMATE INTERVAL ET WEEN ONSET AND DEATH |
| | 2 20 | DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE T CONDITIONS CONTRIBUTING THE CONDITION FOR WH | TO DEATH BUT NO | u tai | Ne. AUTOPSYT | 70s. IF YES, WERE | Jean ART I (a) Cleaners FINDINGS USED AUSES OF DEATH? |
| - | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | | DAY YEAR 19 | c. HOW INJURY OCCUR I. LOCATION STREET | RED (ENTER NATURE OF INJU | | |
| | 220.1 certify that (I) (the has | not) view the body ofter death. - J. Bello | 9_77. ond 11 | REE ATTENDING | MEDICAL STA | ote and hour and fr | that (I) (Inclose on the couses stated of DATE SIGNED 24 July 79 |
| | 230 BURIAL, CREMATION, REMOVA | 7/27/79 | CATE OF | TERY OR CREMATORY | 23d. LOCATION CITY OF TOWN SILVER SP | RING M | IONT MD. |
| | 24 FUNERAL DIRECTOR FRANC | IS J. COLLINSORES | s | 250. DAT | TE REC'D. BY REGISTRAR | 25h REGISTRAR'S | GYRTURE |

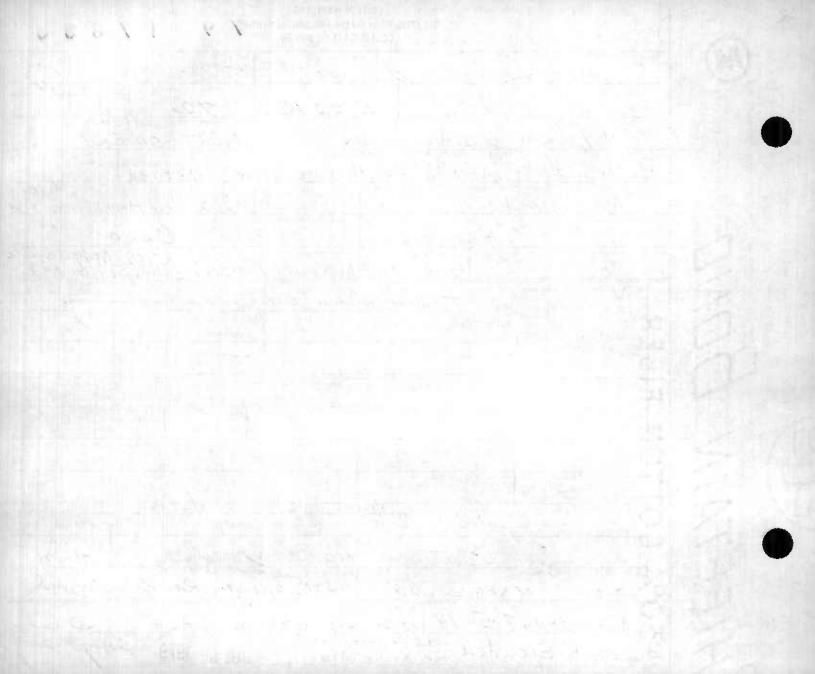
20901

DHMH - 16 50M 1/76 (VR A 15 (4))

NERAL DIRECTOR FRANCIS J. COLLINS ORESS 500 UNIV. BLVD. W., SILVER SPRING, MD.

| | n andres addi | | |
|--|-----------------------|---------------|----------|
| | | BVIIVO | NUE: |
| to the second se | XX | 3 . 6 . 13 | PELAMARE |
| ASST. TRECTOR CERT OF ACE | | na againdi sa | ,== 1 |
| SEED ONLESCICK COMMISSION DESE | The subtree of the | TE WETTOOT OF | MARYLAND |
| arran . | H07.1A V672 | G. HAR | COLVOIN |
| STON SAME AS 13 WIFE | -44-0780 HELEY W. NAT | 7 m 7 | 234 |
| | | | |
| | | | |
| | | | |

| .2 | 1 | | | STATE OF MARYLAND | | |
|--|---------------|---|--|---|---|--|
| 34 | 1 | FOR - STATE REGISTRAR | | IT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH | , , | 7883 |
| (M) | | CEASED NAME FIRST | MIDDLE | LAST | REG. NO. | DAY YEAR 26 HOUR |
| C) | | Miller | 12 f D. | unia; | 7/4/79 | 832 M |
| ctor, p | 3 SE | Leman la | 4 RACE 5. | DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN |
| Pog north | | IRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? 8 | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR CO | UNTY OF DEATH |
| deoth thin 72 | 10.0 | ILY OR TOWN OF DEATH | 1 1 5 91 | IDOWED DIVORCED | MONT GO | MERY MD. |
| 201 urs ofter of the fit filed with filed with filed with filed with filed with filed with filed filed with filed | 0 7 | Bethesda | Bethesda He | ealth Care Cer | TYPE OF WORK FOR MOST OF WORK | INGLIFE) INDUSTRY |
| AND 2120 124 hours filled in by could be file funst be no | 13a | AL RESIDENCE I F NURSING HOME OR STATE 136 COUN | 2 0 0 0 | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | Hameshire Ave |
| MARYLAND ed within 24 mpletely filler ond 2 should | 14. F | ATHER'S NAME | Heinzer | 15 MOTHER'S MAIDEN N. | AME MIDDLE | RR LAST |
| MORE, | 16a | WAS DECEASED EVER IN U.S. AR/ YES, NO OR WINKNOWN) (IF YES, GIVE | | 109 Rosemary | Marucci Silve | 09 Redgate DE |
| 4 4 9 5 8 | | PART I. DEATH WAS CAUSE | ly one cause per line for (o), (b), ond (c) DBY. E CAUSE (a) Terminal | arebone Theor | ubon3 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| he deoth certi- the otherding p emove corbon implion, or rem | | Conditions, if ony, which | DUE TO, OR AS A CONSEQUENCE | E OF | | 0 |
| W of the See of the Se | | gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE | E OF | _ | |
| 20 es | N. | PART 2 OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING TO DEA | TH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION | N GIVEN IN PART 1 01 |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r ottending physicion. Wher this certificate has been sig os the burol-tronsit permit. Then h and Mental Hygene prior to b orked or item 18 shows sony injury | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OP | ERATION WAS PERFORMED | | IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\) |
| N OF VITA SICIAN: T ng physicin certificate rinol-fronsi leantol Hygi | | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | YEAR 21c. HOW INJURY OCCUP | RRED (ENTER NATURE OF INJURY IN ITE | M 18, PART I OR PART 2] |
| VISION OF G PHYSIC LA other dring pl in the burnol-th ond Mentol | MEDICAL | IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE | P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM | 21f. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTENDING or of sector of the office of the | | 22a 1 certify that (I) (this hospit sow the deceased alive on. | tal) ottended the deceased from | 5/13/79, 19, 19 | to 7/4/79 deoth occurred on the date an | , 19, that (1) (we) last d hour and from the causes stated |
| OR he ho | 15 | above, (1) (we) (did) (did nai 22b. SIGNATURE | view the body after death | DEGREE ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN (| 22c. DATE SIGNED |
| TO HOSPITAL TO FUNERAL Should be deat with the Store With the Store | | 22d. PHYSICIAN'S NAME (TYPE OF | | 22e ADDRESS | | |
| TO HC Tetoine TO FL should with H | 22. | | LEKAGUL, MD | 7425 aut | Lington Rd, 15 | |
| 0000 BP | 23 0 | BURIAL, CREMATION, REMOVAL SPECIFY CREMATION | 7-5-79 Let | es Crematon | un WASH | COUNTY D. CTATE |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | 24 E | NAME ROYGE R. Sn | owden Book | WASh, QT, 250 DA | TE REC'D. BY REGISTRAR 256. RE | GISTRAN'S SIGNATURE Bready |



| 4 | | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
|--|-----------------------|--|---------------------------------------|
| | 1- | STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. TO THE REG. TO T | 8 4 |
| | | ECEASED NAME FIRST MIDDLE LAST . 20. DATE KNOWN DAY MONTH DAY | YEAR 21. HOUR |
| ## % & & + | (TYI | DIANA L MATTINGLY | 79 95% |
| LEASE TOR. OURS OURS | 3. SE | X 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IIF UNDER 24 HRS. 21. DATE MOVIH BAY | YEAR 2d WOUR |
| 222 | | female (PRONOUNCED DEAD 7 12 75 | 0 9 51 m |
| A SEMIN | 70 B | BIRTHPLACE (STATE OR OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEA | ATH |
| S | | MARYLAND U.S.A. WIDOWED DIVORCED Montgomery | MD. |
| A IS N A A A A A A A A A A A A A A A A A A A | 10. C | ITY OR TOWN OF DEATH III NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND | OF BUSINESS NDUSTRY |
| 4 - 1 - 1 | S | COULDING | ONE |
| - >ceas | USU. | ILL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 138. COUNTY 138. CITY OR TOWN 134. INSIDE (ITY LIMITS) 138. STREET ADDRESS | |
| 21201 F ANY P. AND SHOULE L RECOR | | My Mont Rockville YESB- NO 13064 Free 1221 | Rd |
| O I YOU | 14. F | ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE LAST | л |
| RE, MD CDEATH GGES 1, RM PM AND 2 OF VIIX | | WILLIAM E. MATTINGLY RITA F. MALI | LOY |
| 2 2 2 2 | 160 \ | WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | |
| ALTI S A A S S A A A A A A G I | | NO NONE WM. E. MATTINGLY (SAME AS 13e) | |
| . 200 | | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: | OXIMATE INTERVAL N ONSET AND DEATH |
| 2 ± 2 5 5 5 | | IMMEDIATE CAUSE (a) CEVES VIII 125 CM 177 ACCIDENT | |
| A F A A B A B A B A B A B A B A B A B A | 1 | Conditions, il ony, which | |
| W. PREST D WITHIN ENCIL IN MINER A TRANSIT ENTAL HY REMOVAL | | gave rise to immediate (b) | |
| ≥ ○□ ₹ □ □ ≅ | | cause (a) stating the <u>under</u> DUE TO, OR AS A CONSEQUENCE OF lying cause last. | |
| 6 0 - 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 | | (c) | |
| | z | PART 2 DTHEB SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). | |
| TAL RECORD HOULD BE ES RO "FENDING THEF MEDIC USED AS A OF HEALTH , | MEDICAL CERTIFICATION | 19% DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 128, AUT | TOPSY? |
| SHOULD ORD "PROPER CHIEF E USED TO FHE | FIC | YES | S NO NO |
| DIVISION OF VIT. S CERTIFICATE SH RITING THE WORR RDED TO THE CF RE 3 SHOULD BE LE E DEPRIMENT OF PRIOR TO BURIAL | ER | 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) | , , |
| PNO THE O THE O THE TO TO TO TO B | ALO | UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 | |
| ISIO TISIO | SDIC | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 211. LOCATION | STATE |
| DIVISIC THIS CERT WRITING WARDED 1 AGE 3 SH AGE 3 SH AGE 2 SH AGE 2 SH | M | WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK | STATE |
| 2 S - R E | | 220. I certify that I took charge of the remajns described above, held an Autopsy , Inspection . Inquiry , and in my apinion | |
| 20 - 0 E B | | death resulted from: Noturol couses A, Accident D, Suicide D, Homicide D, Undetermined monner D, | |
| EXAMINEI CERTIFICA ULD BE FO DIRECTOR WITH THE | | TITLE (SPECIFY) | |
| CAL EXA THE CER' SHOULD RAL DIRE RE, MARY | 1 | ACTUAL SIGNATURE DATE SIGNE DEAL SIGNED CALL | 4131979 |
| SH SH | | 95, 20 | |
| MEDICA ECUTE TH GE 4 SHO FUNERA TER DEATI | | (TYPE OR PRINT) JOHN S. ROGERS ADDRESS 1919 Seminary Rd. Silver Spri | ing Md. |
| TO MEDICAL EXECUTE THE C PAGE 4 SHOUND ATTER DEATH NO BALTMORE, MA | 23 a. E | BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY | STATE |
| 23/// BP | | Burial 7-16-79 Gate of Heaven Cemetery Silver Spring Montg. | Md. |
| DHMH - 17 | | FUNERAL DIRECTOR ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTER'S SIGNATOR OF THE ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTER'S SIGNATOR OF THE ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTER'S SIGNATOR OF THE ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTER'S SIGNATOR OF THE ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTER'S SIGNATOR OF THE ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTER'S SIGNATOR OF THE ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTER'S SIGNATOR OF THE ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTER'S SIGNATOR OF THE ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTER'S SIGNATOR OF THE ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTER'S SIGNATOR OF THE ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTER'S SIGNATOR OF THE ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTER'S SIGNATOR OF THE ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTER'S SIGNATOR OF THE ROCKVILLE 1250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR 1 | Credy |
| (VR A15 ME (5)) 15M 7/76 | K | ROBERT A. PUMPHREY FUNERAL HOMES P/A MD. JUL 23 1979 | |

You have been selected and the selection of the selection

injury, or other troumatic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shows on

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

7 8 8 5

| Ι, | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO | | | |
|---------------|---|-------------------------------------|--|--|---|---|---|--------------|-----------------|
| | PECEASED NAME FIRST | | MIDDLE | t. | AST | | NONTH DAY | YEAR | 26 HOUR |
| | Margai | ret | G. | McE | lwain | July 13, | 1979 | | 4:433 |
| 3 S | Female | 4 RACE Whi | te | 5. DATE C MONTH Jun | | 6 AGE (IN YEARS LAST BIRTH | | UNDER I YEAR | IF UNDER 24 HRS |
| 7a. | BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Tenn. | 76 CITIZEN OF | WHAT COUN | TRY? 8 MARRIEI WIDOWE | NEVER MARRIED | 9 BALTIMORE CITY OF | COUNTYO | | MD |
| 10 | CITY OR TOWN OF DEATH Bethesda | (IF NOT IN SU | CH FACILITY, GIVES | JRSING HOME C | ROTHER INSTITUTION | 12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Editor | N | 12b. KIND O | F BUSINESS OR |
| 130 | U | | 130 CITY OR Beth | TOWN | 136 INSIDE CITY LIMITS? YES 🛣 NO 🗌 | 13e STREET ADDRESS 4702 Jame | stown | n Roa | d |
| 14.1 | FATHER'S NAME FIRST J. | Ross | Gree | | 15 MOTHER'S MAIDEN NAME FIRST Margaret | MIDDLE | j | Banks | 5 |
| 16a | WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) NO | ARMED FORCES? GIVE WAR OR DATES) | | 7-9180 | Mr. Willia | m McElwair | (san | | above) |
| | Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost | DUE TO, C | Peri Peri Dras a cons Carcin | EOUENCE OF tonitis EOUENCE OF OSARCOI | Sepsis perirena na of Uteru | Abscess | es | IN PART 11s | 0. |
| CERTIFICATION | 190 DATE OF OPERATION 6/21/79 | | | | N WAS PERFORMED OF UTERUS | 200 AUTOPSY? YES X " NO | 20b. IF YES, V IN CERTIFYIN YÉS [| | |
| MEDICAL CER | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIT 21d INJURY OCCURRED WHILE AT WORK AT WORK | DEATH HOUR A | OF INJURY .M. MONTH .M. OF INJURY IREET, FACTORY, OF | DAY YEAR 19 FFICE, FARM, ETC.) | 21r. HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY CITY OR TOWN | | COUNTY | STATE |
| | 27a. I certify that (Wthis had sow the deceased alive above. **X (we) (did) **X (27b. SIGNATURE) | on July | 13. | 19 <u>79</u> , on | d that in (X) (our) opinion of DEGREE ATTENDING | to July death occurred on the do | C 4 | | |
| | 22d. PHYSICIAN'S NAME (THE | e OR PRINT) | M.D. | | The Nation Clinical C | al Institu | tes c | of Head, Md | alth , 20205 |
| 23a | BURIAL, CREMATION, REMOV | 7/16/ | | | EMETERY OR CREMATORY | 23d LOCATION Springfi | eld, M | ass. | STATE |

DHMH - 16 50M 1/76 (VR A 15 (4))

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
5130 Wisc. Ave. N.W. Wash., D.C.

Springfield Cem.

23d LOCATION Springfield, Mass.

250 DATE REC'D. BY REGISTRAR 256. RESTRAR'S STANDER

5 . 3-4-4 - DATE:

| 15 | , | If | em #8 Film G5 | 33 7/17/ | 79 rc | | OF MARYLAN | | | | | | |
|--|--|---------------|--|-----------------------|-------------------------|--|------------------|-----------------------|---------------------|--------------------|------------------------|-----------------|----------------------------------|
| | M | ١. | STATE REGISTRAR | | DEPART | | CATE OF DEA | | ENE 7 |) | 1 7 | 7 3 | 8 6 |
| | | | CEASED NAME FIRST | | WIDDLE | LA | ŠŤ | | 20 DATE OF D | REG. NO. | MTH DAY | Y YEAR | 26. HOUR |
| by be oge 3 | | (TYPE | ORPRINT) HOLE | 20 | S. N | 10 FA | RIANG | 0 | | | 7-6 | , - 79 | 1023 |
| moy pod ; | | 3 SE | | 4 RACE | | S. DATE OF | | 1111 | AGE (IN YEAR | S LAST BIRTHD | AY) IF | UNDER I YEAR | IF UNDER 24 HR5 |
| me 4 | | | semale | whi | te | July | 21, 1 | 895 | 83 | | YRS. | DAYS DAYS | HOURS MIN |
| 2 pg | nce. | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY | ? 8 MARRIED | ☐ NEVER MAI | RRIED . | BALTIMORE | CITYOR | COUNTY | OF DEATH | |
| 200 | 6 2/ | | ew York | USA | | WIDOWED | NO DNO | ACED KI | Mon | | mer | 21/ | MD. |
| . (1) | notified 8 | 510 | VER SPRING | HOL IN SI | HOSPITAL, NURSI | SS (| HOSPIT | | Teleph | | onking life) perati | industry CE | P BUSINESS OR |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN The low requires that the death certificate be executed within 24 hours. ottending physicion. first this certificate been signed by the ottending physicion and completely filter cost in the burnicitions to be minimal physicians. | st be | USU. | L RESIDENCE (IF NURSING HOMI TATE 136 CC | E OR OTHER INSTITUTED | N, GIVE RESIDENCE BEFO | RE ADMISSION) | 130. INSIDE CITY | LIMITS? | 13e STREET AD | DRESS | | | |
| 2 i ii | Ĕ | | | rtgomery | Silver | | | 10 [] | 8811 | Cole | sville | e Rd., | Apt. 422 |
| with with d 2 s | , cie | 14 FA | THER'S NAME | MIDDLE | LAST | | 15 MOTHER'S M | AIDEN NAM | E | MIDDLE | | 4 | |
| tred uted | | 16- 1 | John | ABUSE CORCEC | Tighe | | | dget | | ADDRESS | 6604 | Burke | 0101 |
| AOR exec | nedicc | C | | GIVE WAR OR DATES) | 577-24- | State of the state | 17 INFORMANT | SUIL | a to D mus o | ADDRESS | | Enfie el, Ma | |
| e be | e e | | Vo | | | | George J | . MCFO | icane | 1 | Lawie | | MATE INTERVAL DISET AND DEATH |
| ficate from pope | emovol event, th | | II. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU | JSED BY | er lipe for (o), (b), o | 5 al | m 101 | 11007 | p | | | BETWEEN | INSET AND DEATH |
| certific certific certific properties and properties and properties and properties are consistent and properties are consisten | - | | IMMED | IATE CAUSE (0)_ | Terp. | | July CC | ver | | | | | |
| oth soth | on, o | | 736 | DUE TO, O | OR AS A CONSEQU | JENCE OF | Tana | Store | 60 | | | | |
| PRES e de e off | trou | | Conditions, if any, which gave rise to immediate | 1b)_ | | 7/1 > | Cervi | 0110 | | | | | |
| W. of the of the Server | iol, cremation, or or other froumatic | | cause (a), stating the underlying cause last | DUE TO, O | OR AS A CONSEQU | JENCE OF | c.(m | | | | | | |
| 201 es th pleo | - | | PART 2 OTHER SIGNIFICAN | IT CONDITIONS (| | | | THE TERMIN | JAI DISEASE | OR CONDIT | ION GIVEN | I IN DART 1/a | |
| RDS, | to bu | NO | The state of the s | | MM | 3 | | J THE TERMIN | I . | JK CONDII | IOI GIVE | VINTAKI IIO | |
| Dee g | ony | CERTIFICATION | 190 DATE OF OPERATION | 196 CON | OITION FOR WHICH | H OPERATION | WAS PERFORM | NED | 200 AUTOP | | | WERE FINDIN | |
| N. R. | e s | Ī | | | | | | | YES 🗆 | io. | YES | NG CAUSES | OF DEATH? |
| N T Nysici cote | n 18 sho | CER | 210. ACCIDENT WAS UNDERLYING | | OF INJURY | DAY YEAR | 21c HOW INJU | RY OCCURRE | _ | 100 | ITEM 18, PART | T 1 OR PART 2) | |
| P P P P P P P P P P P P P P P P P P P | e e | ₹ | OR CONTRIBUTING CAUSE OF | DEATH | P.M. | 19 | | | | | | | |
| HYS ndin his c | olth and Mentol Hy morked or Item 18 | MEDICAL | 214 INJURY OCCURRED | 21n PLACE | OF INJURY | | 211 LOCATION | | | ITY OR TOWN | | COUNTY | STATE |
| IVIS offer 1 | rked | 2 | WHILE NOT WHILE AT WORK | (Al tione, s | TREET, FACTORY, OFFICE, | , PARM, ETC.) | ~ 0 | | | - سم | 10 | | SIAIE |
| A A A A A A A A A A A A A A A A A A A | s mo | | 220.1 certify tho (H) this ho | | he deceased from, | 7-2 | -77 | 19 | _, to | -)" / | 7 19 | , 1 | that (we) last |
| Spito CTO For | 21. | | sow the deceased alive above, (1) (wa) (did) (did) | not) view the bod | v offer death | onc | that in (my) (au | ur) opinion de | oth occurred | on the dote | and hour a | and from the o | couses stated |
| e hosp DIRECT | if them | | 22h. SIGNATURE | M | 11/1/ | D | EGREE | | / | | 100 | 22c. DATE | SIGNED |
| | ote C | | Willes | Hau | 0/ | N | D ATTI | ENDING YSICIAN (2) | MEDICAL DIRECTOR | STAFF PHYSICIAL | ٧Ď | 67 | 6-29 |
| HOSPITAL ined by th FUNERAL | STANT | | 226 PHYSICIAN'S NAME (TYP | E OR PHILE | 0.19 | T | 22e ADDRESS | | | | | | 100 |
| | with the State | | (Maile | 170 | Willen | Y | 11200 L | Lockwoo | nd Driv | e Si | ever: | Spring | , Md. |
| 5 g 5 d | \$ <u>\$</u> | 230 E | URIAL, CREMATION, REMOV | AL 23b. DATE | | | METERY OR CRE | | 23d. LOCATE | OWN | | OUNTY | STATE |
| BP | _ | B | unial | Jul.9 | 1979 Ga | teof H | eaven Ce | meteri | Silve | r Spr | ina 1 | Mant | Md. |
| DHMH-1 | | 24 FL | NERAL DIRECTOR Franc | cis J. Co | ellipapress | | | 250. DATE | REC'D. BY REC | SISTRAR 256 | REGISTRA | | JRE |
| {VRA 15, | 4) 7/78 | 50 | University 1 | Rend W | Silver S | prina | Md | JUL | 6 197 | 70 | rip. | hall | |

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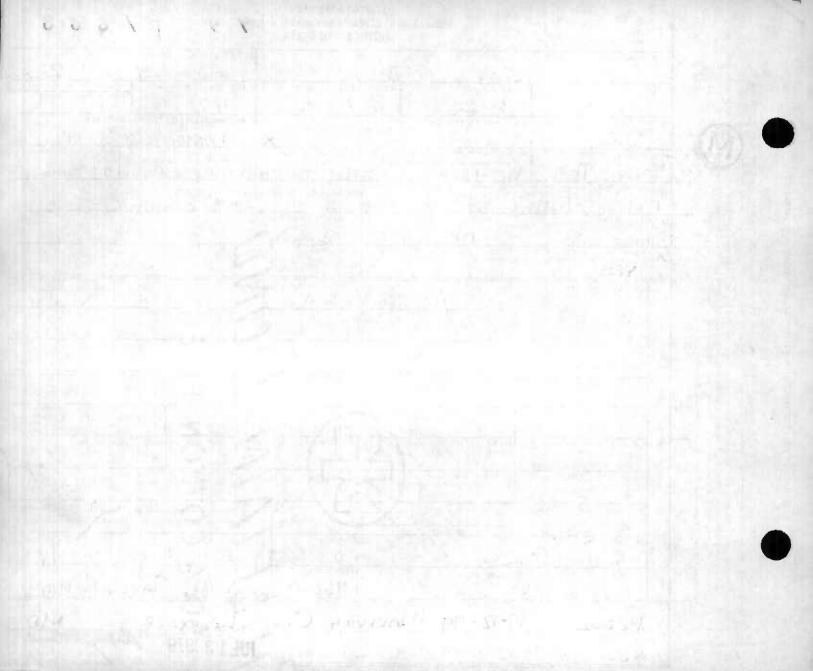
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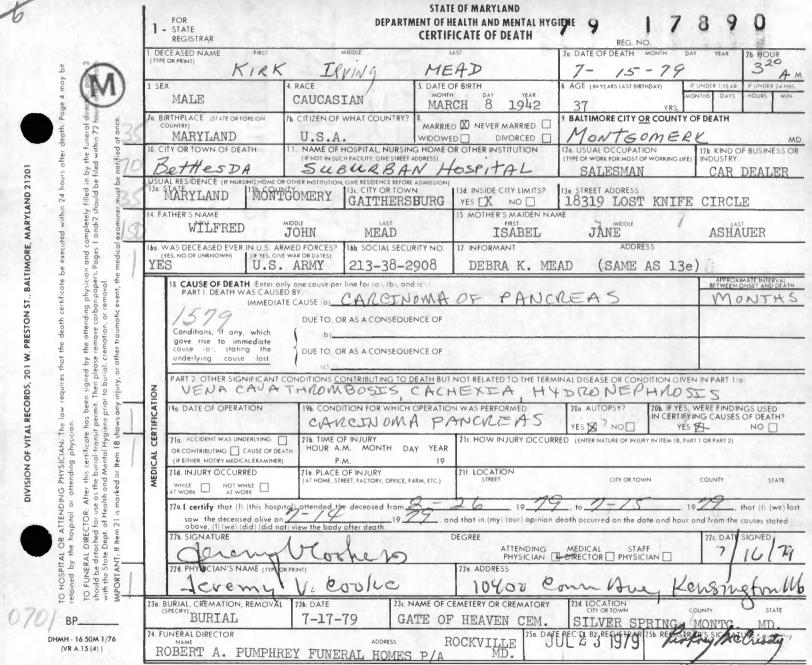
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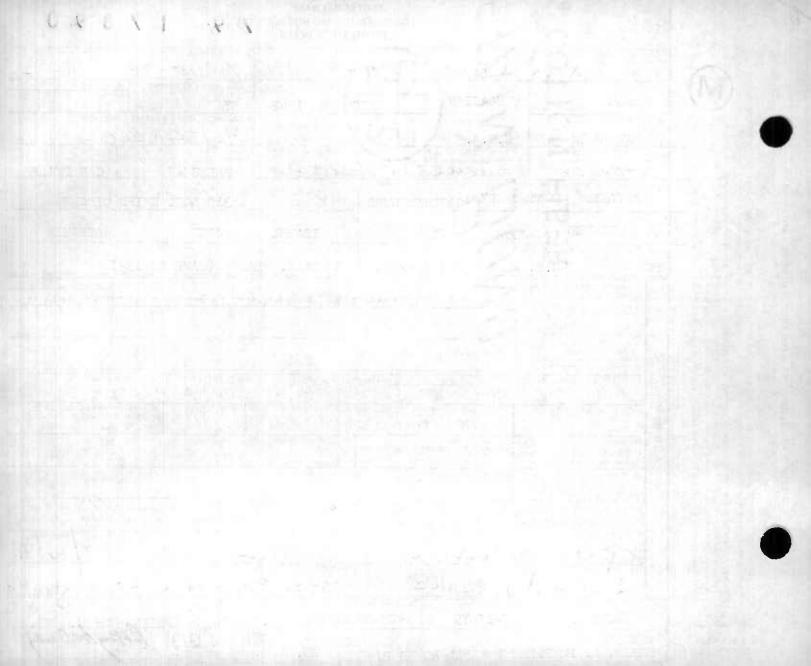
STATE OF MARYLAND



| / | 1 | | | STATE OF MARYLAND | | |
|--------|---------------|--|---|---|---------------------------------------|--|
| 15 | 1 - | FOR STATE REGISTRAR #100 | A | TMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH | REG. NO | 7889 |
| deop C | 1. DEC | CEASED NAME FIRST | MIDDLE | Ma a man | 20 DATE OF DEATH MONTH | The Hour 15 |
| 26 | | HILL | | MIC GIVEENEY | 1/0 | 30/17 1/AM |
| | 3. SE | MALE | WHITE | 5 DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST BIRTHOAT) | # WHOSE I YEAR # UNDER 24 HIS. |
| | - | NALE RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | FEB 19,1909 | 70 YRS | TV OF DEATH |
| 47 | C | DUNTRY) | | MARRIED W NEVER MARRIED | | TO DEATH |
| - | | SHINGTON, D. C. | U.S.A. | WIDOWED DIVORCED DIVORCED ING HOME OR OTHER INSTITUTION | MONTGOMERY | MD. 12b. KIND OF BUSINESS OR |
| 8 | | | (IF NOT IN SUCH FACILITY, GIVE STREET | ET ADDRESS) | TYPE OF WORK FOR MOST OF WORKING | DEPT OF THE A |
| 8 | USU | LVFR SPRING ALRESIDENCE (IF HURSING HOME OF | HOLY CROSS HOS ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 1134 CITY OR TO | DRE ADMISSION) | 1 | TOUT OF THE A |
| | | | | 100. 1110.00 | 515 COPLEY LAN | F |
| 9 | | THER'S NAME | | 15. MOTHER'S MAIDEN NA | | · / |
| 152 | 1 | CHARLES | WILLOUGHBY | HELEN | MIDDLE | HERBERT |
| - | | AS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SEC | | ADDRESS | 110100011 |
| I | (, | ES, NO OR UNKNOWN) (IF YES, GIVI | 578-12 | -1005 FRANCIS R. A | MCOUFFNEY SAME | AS 13 HUSBAND |
| | | | nly one cause per line for to 1, (b), o | | iczudenia, ornic | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | PART I. DEATH WAS CAUSE | TE CAUSE (a) | an anot | | 20 - 6 |
| | | 1/1/1 | DUE TO, OR AS A CONSEQU | UPNICE OF | | |
| | | Conditions, if any, which | (ib) OKAS A CONSECT | to in real | in fact | 2 200 |
| | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQ | HENICE OF | | |
| | | underlying cause lost | Ach | ensclante Head | Airen | year |
| | z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION G | IVEN IN PART 1(a) |
| _ | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF Y | ES, WERE FINDINGS USED |
| 1 | FIC | | | | IN CERT | TIFY NO CAUSES OF DEATH? |
| | E | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c HOW INJURY OCCUR | RED (ENER NATURE OF INJURY IN ITEM 18 | |
| 1 | | OR CONTRIBUTING CAUSE OF DEA | NIII . | DAY YEAR | / | |
| | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | | |
| | E | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE | FARM, ETC.) STREET | CITY OR TOWN | COUNTY STATE |
| | | | ital) attended the deceased from | 7(27 19.24 | 10 7 3 9 | , 19 79 , that (1) (we) lost |
| | | sow the deceased alive on | 7 (30 19 | 75 ond that in (my) (our) opinion | death accurred on the date and he | |
| | | 22b. SIGNATURE | t) view the body after death | DEGREE | | 224 DATE SIGNED |
| | | (lla c | Jean to 2 - 2 | ATTENDING PHYSICIAN | MEDICAL STAFF | 7/30/20 |
| 1 | 1 | 22d. PHYSICIAN'S NAME (TYPE O | PRINT) | 22e ADDRESS | S-DIRECTOR E THISICIAN E | 717417 |
| 1 | | Alan WS | EINSTOCK | mo 1299 - Anh | to A 5.1. | or (Mun W) |
| | 23a F | UDIAL CREMATION PEROVAL | 23b. DATE 23c | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | 3. 1 |
| | (: | BURIAL | | GATE OF HEAVEN | SILVER SPRIM | G MONT MD. |
| | 24 FL | INERAL DIRECTOFRANCIS | J. COLLING | 250 DA1 | TE REC'D. BY REGISTRAR 251 HEGE | SIBAR'S SCHAMORE |
| В | | | CTIVER SPRIM | | L3 1 1979 | The state of the s |
| | 134 | I UNIV KIVU. II | L STUPE SPEIN | IJ WU LUGUI | | - |

FARON .CO., CATHER SENTER, DAY ONLY DEMANDED





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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGUNE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH TYPE OR PRINTS Arthur Michael 1 July 24 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS Male White Sept. 23 17923 To. BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Montgomery Marvland U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Silver Spring 10810 Inwood Ave Clerk Safeway USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 13b. COUNTY 13e. STREET ADDRESS 13d INSIDE CITY HAITS? Maryland 10810 Inwood Avenue Montgomery SilverSpri 1 55 K 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Arthur W. Michael Sr. Mary Hurley Jane 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADARO810 Inwood Ave. (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATEST 218-14-7733 Nellie Mae Michael Silver Spring, Md Yes W.W.II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which augmous gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION priar 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NODE 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) 4this haspital attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ld be der MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS G. Lennard Gold M.D. 8630 Fenton St. Silver Spring, Md 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE Buria1 July27,1979 Norbeck Mem. Park Norbeck Montgomery Md. Hines/Rinaldi Funeral Home 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 (VRA 15 (4)) 11800 New Hampshire Ave. Silver Spring, Md. 20904

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(VR A 15 (4))

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| 1 | FOR STATE REGISTRAR | | | DEPARTMENT | RTIFICAT | | | 7 | EG. NO. | 7 | 8 9 | 4 |
| | CONSED ITAME | FIRST | MIDDLE | | LAST | | 2 | a. DATE OF DE | ATH MONT | | YEAR | 2b. HOUR |
| | Ham | ilton | Beech | ner | Mill | er | | July | 17th | 19 | 79 | 10:51 |
| 3 SEX | X | 4 RAC | E | | ATE OF BIRT | | VE AD | AGE (IN YEARS L | LAST BIRTHDAY) | | UNDER 1 YEAR | |
| | Male | | White | | April | 21 1 | 910 | 69 | | YRS. | THS DAYS | HOURS |
| | IRTHPLACE (STATE OR FORE | IGN 7b. CITI | ZEN OF WHAT C | OUNTRY? 8 | ARRIED T | NEVED AA ADD | IED 7. | BALTIMORE (| CITY OR CO | UNTYO | FDEATH | |
| | irginia | | U.S.A. | | DOWED [| DIVORO | | Mo | ntgon | nery | | |
| | lver Spri | | AME OF HOSPITA | L, NURSING HO | | | | USUAL OCC | UPATION MOST OF WORL | 736 | INDUSTRY, | of Business |
| 13a S | | HOME OR OTHER IN LOUNTY Montgo | 13c. CIT | PENCE BEFORE ADMI | \$ 13d IN | NSIDE CITY LI | MITS? | street ADD | RESS St Ha | amil | ton | Ave. |
| 14. FA | ATHER'S NAME | MIDDLE | | LACT | 15. MC | OTHER'S MA | DEN NAME | | DDLE | 7 | | |
| | John | N. | Mil | ller | 100 | Hel | en | Iren | | Ba | useri | |
| | WAS DECEASED EVER IN YES, NO OR UNKNOWN) (1 | U.S. ARMED FO FYES, GIVE WAR OR | D. CERT | 7-07-79 | | FORMANT uline | G.Mi | ller | APDRESS 202-E Silve | East er S | Ham: | ilton |
| | 18 CAUSE OF DEATH | Enter only one o | | | | | | | | | | ONSET AND DEA |
| | PART I. DEATH WAS | MEDIATE CAUS | SEIQ PISS | ECTIN | Ca AW | EURY | M OF | 40RT | 4 | | | Wk. |
| | Conditions, if ony, w | hich (| JE TO, OR AS A C | ONSEQUENCE | | CLERC | 2124 | | | | 10 | yas. |
| | cause to, stating | the 1 DI | JE TO, OR AS A C | ONSFOLIENCE | OF | | | | | | | |
| | | lost (| (c) | | | | | | | | | |
| NOI | PART 2. OTHER SIGNIF | CANT CONDIT | IONS CONTRIBU | | h but not r | | | ALDISEASE OR 2011CM | CONDITIO | n given | IN PART 1 | 0. |
| TIFICATION | PART 2. OTHER SIGNIF | CANT CONDIT | - 18- | ITING TO DEAT | H BUT NOT R | (० तस्क | 1CAS | | ? 20b. | IF YES, W | ERE FINDI | NGS USED 5 OF DEATH? |
| CAL CERTIFICATION | PART 2. OTHER SIGNIF | ICANT CONDIT | CYSTIT | ITING TO DEATH | H BUT NOT R HEM RATION WAS | OG ESPERFORMED | ICAS | 200 AUTOPSY | ? 20b. IN (| IF YES, W CERTIFYIN YES | VERE FINDI | NGS USED S OF DEATH? |
| MEDICAL CERTIFICATION | PART 2. OTHER SIGNIF ACUTE 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU | IDS1 ICANT CONDIT | CYMT CONDITION FO TIME OF INJURY OUR A.M. MC | OTTING TO DEATH | H BUT NOT R HE WAS PEAR 19 21c. H | OG ESPERFORMED | ICAS | 200 AUTOPSY YES NO (ENTER NATURE OF | ? 20b. IN (| IF YES, W CERTIFYIN YES | VERE FINDI | NGS USED S OF DEATH? |
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| (M) 1 | STATE REGISTRAR | | HEALTH AND MENTAL HYC | REG. NO. | 107 | 3 |
| | ECEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MO | 1.0 | HOUR 255 |
| deoi deoi | Lester | R. Mi, | | July 8, | //// 0 | × AM |
| 3. SE | X | , 40 | OF BIRTH | 6. AGE IN YEARS LAST BIRTHDA | | UNOER 24 HRS DURS MIN. |
| ge 4 | male | While 2 | 19 1916 | 63 | YRS. | INN . |
| | SIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? 8. MARE | IED NEVER MARRIED | 9 BALTIMORE CITY OR C | COUNTY OF DEATH | |
| To de o | alley View Pa. | TISA WIDO | | Montgomery | County | MD. |
| ofter d | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOM LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI | ORKING LIFE) TO KIND OF BU | JSINESS OR |
| Ta. | coma Park, Md. | 7th Day Adventist | Hospital | Cab Driver | | |
| Id be in Id | JAL RESIDENCE (IF NÜRSING HOME OR STATE 136 COUN | OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONTY | 1 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | | |
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| a silver | ATHER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | ME | TPAT | |
| b and b and c | urnev | Miller | Sue | E. | Miller | |
| | WAS DECEASED EVER IN U.S. AR | | 10.000 | ADDRESS | Willow St. Pa | .17584 |
| | Yes, no or unknown) | 175 05 6506 | Mrs. Sue E. | Miller Ulrich | | |
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| 4000 | | nly one couse per los for any for amiliar | Donner | ense | BETWEEN ONSE | TAND DEATH |
| PRESTON ST the deoth certification of the carbon markin, or ten refront or ten or troumatic events. | UG, IMMEDIAT | TE CAUSE (o. | 1 | -7 | 1000 | |
| oth oth mot mot mot | 1/6 | DUE TO OR AS CONSEQUENCE OF | | (Sime) | Z 3 w/z | |
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| 201 s the ed b pleas rrial, | | ((c) | | cu ay 1000 | | |
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| n. ne pr ws ar | 146 DATE OF OPERATION | 130 CONDITION FOR WHICH OFERAL | ION WAS FERI ORMED | 1 1 | N CERTIFYING CAUSES OF | DEATH? |
| The high party of the high par | 21g. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 23. 11031/15111107/055(10 | YES NO NO | | 10 🗌 |
| tron 18 | OR CONTRIBUTING CAUSE OF DEA | | R ZIC HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN | I ITEM 18, PART 1 OR PART 2) | |
| DIVISION OF VITAL NG PHYSICIAN: The ottending physicion for this certificate has the burial-transity from Mental Hygier from Mental Hygier priced or Item 18 should manual manua | (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. 1 | | | | |
| this and in de but down | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| NG Net of the orker orker orker | AT WORK AT WORK | | | 1.1 | | |
| Do A so E | 220.1 certify that (I) (this baco- | tal) ottended the deceased from 7/ | 7/79 19 | | 19 , 19, that | (I) lost |
| ATTEN Sspitol CCTOR of for use of Her of Her of Her | sow the deceased alive on | th view the body after death. | and that in (my) copinion | death occurred on the date | and hour and from the cour | ses stated |
| | 22b. SIGNATURE | in view me body oner deam. | DEGREE | | 224. DAJE SIG | NED |
| the hint DIRICHE DIRICHE DEPTH THE THE DIRICHE DEPTH THE THE THE THE THE THE THE THE THE T | Rome | tone | ATTENDINO PHYSICIAN | MEDICAL STAFF | 17/8/ | 79 |
| PITA by Storie de ANT | 22d. PHYSICIAN'S NAME (TYPE O | R PRINT) | 22e ADDRESS | PURECTOR I PHISICIAL | | |
| HOSPITAL need by 11 FUNERAL uld be det 1 the State | | RONAN | 7600 CAR | ROLL AND | TAKOM 1 | ARK |
| 08 08 \$ \$ | | | | 23d LOCATION | m | 4 |
| 730. | BURIAL, CREMATION, REMOVAL | | CEMETERY OR CREMATORY | CITY OR TOWN | COUNTY | STATE |
| | durial | 7/11/79 Ebenez | er Cemetery | Lebanon, L | ebanon, | Pa. |
| DHMH - 16 30M 1//6 | NAME DIRECTO | ADDRESS 414 I | king St. 250. DA | JUL 1 3 19/9 | , RELIGION OF THE PARTY OF THE | Modely |
| (VR A 15 (4)) | TARIA CED TT LA | Tancasta | Pa. 17602 | JULT A 1010 | / | Street, Street |

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| | 1 - | FOR STATE REGISTRAR | DEPARTI | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE 9 | 17 | 8 | 9 6 |
|-----|---------------|--|--|-------------|---|---|----------------|---------------|--|
| 1 | | EASED NAME FIRST | WIDDLE | l | AST | 20 DATE OF DEATH | MONTH [| AY YEAR | 26 HOUR |
| | | Leon | Earl | N | Iills | | 07 | 22 ' | 79 9:45 |
| 3 | B. SEX | | 4. RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | | IF UNDER 1 YE | |
| | -11 | Male | Caucasian | 09 | | 81 | YRS | | NO ON O |
| 1 | | STHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY C | | | |
| 35 | | Maryland | U.S.A. | WIDOWE | | | gomer | | M |
| | 10 CI | TY OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE STREET | | OR OTHER INSTITUTION | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O | OF WORKING LIF | E) INDUST | |
| 04 | | lney Md. | | enera | 1 Hospital | RET.BRICKI | AYER | AND CO | ONTRACTOR |
| 20 | 130. S | TATE 136 CO | OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 134 CITY OR TOWN TGOMERY GATTHERS | N | 13d INSIDE CITY LIMITS? YES X NO | 130 STREET ADDRESS 4 JAMES S | ST., | | |
| | 4 FA | THER'S NAME | MIDDLE LAST | | 15. MOTHER'S MAIDEN NAM | ME MIDDLE | | | LAST |
| 80 | | ELIJAH | THOMAS MILLS | | MAMIE | VIRGI | NIA | DA | AVIS |
| | | AS DECEASED EVER IN U.S. | SIVE WAR OR DATES) | | 17 INFORMANT | ADDRI | | -33 | |
| 1 | | NO | 219-07- | 4467 | HENRIETTA MO | HLER MILLS | (SAM | E AS | 13e) |
| | | PART I. DEATH WAS CAU | only one couse per line for 101, (b), an SED BY (ATE CAUSE 10) Cardia | | vrest | | | BETWE | ROXIMATE INTERVAL EEN ONSET AND DEATH |
| | | Conditions, if ony, which gove rise to immediate couse 10), stating the underlying couse lost. | DUE TO, OR AS A CONSEQUI | ENCE OF | niruffe | ien | | Y | 18 |
| | Z | PART 2 OTHER SIGNIFICAN | T CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIV | EN IN PART | 100 |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIF | | IDINGS USED SES OF DEATH? |
| 7 | 4 | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR A.M. MONTH D. | AY YEAR | 21c. HOW INJURY OCCURR | | | | |
| | MEDIC | 21d. INJURY OCCURRED WHILE OT WHILE OT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I | ARM, ETC.) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| 0 | | sow the deceased alive | spital) attended the deceosed from on July 2-2 19 not) view the body ofter death. | / | nd that in (my) (our) opinion of | death occurred on the d | 2 Z | | , that (I) (we) loot the couses stated |
| E | | holiet? | Ullilian | W | ATTENDING | MEDICAL STA | FF CIAN [| 7/ | 122/28 |
| A L | A | Robert V | Millman m | D | | Park Dr | buith | 156 | nog Wid |

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES P/A

236. DATE

7-25-79

230. BURIAL, CREMATION, REMOVAL

BURTAL

FOREST OAK CEMETERY ROCKVILLE

MD

23c. NAME OF CEMETERY OR CREMATORY

MD. GATTHERSBURG MONTG.

23d LOCATION

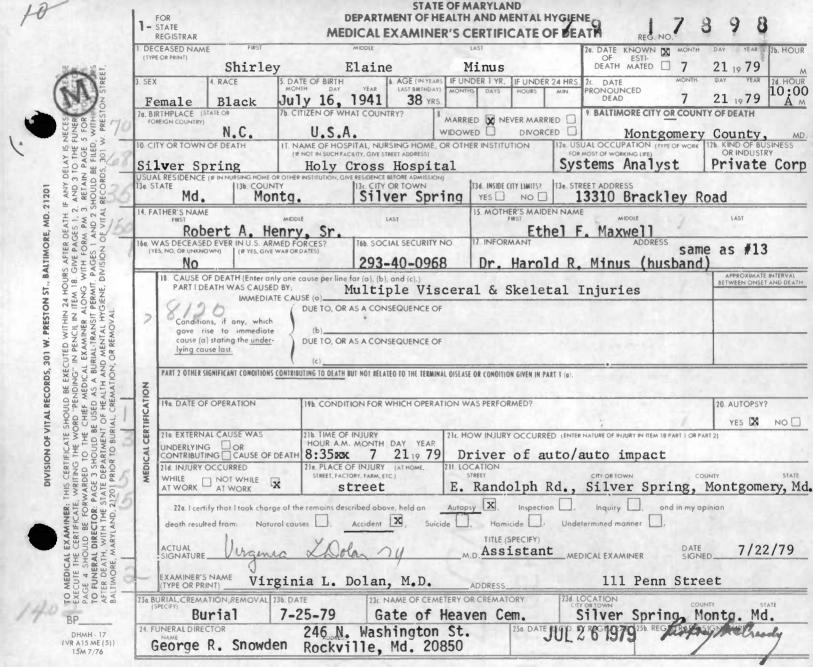
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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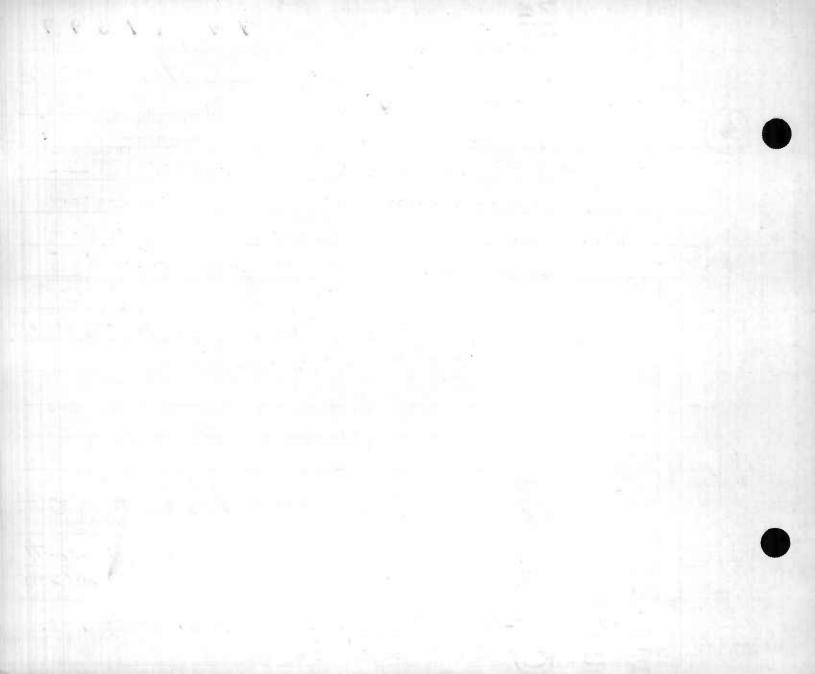
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH HINOM YEAR AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR' NOICE 1008-90BGC LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH has PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (Dur) Dpinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN TATE Suitland Burial Md. 7 - 18 - 79Lincoln Memorial BP 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Rhines Co., 3015 12th St. N.E., (VR A 15 (4))

STATE OF MARYLAND

VERY LOR VILLE Marin Committee Committee



SE INC. BI VENE Systems Analyst I Private Ma. Honta. Silver Sorina 13310 Grackley Foad Ethel F. Haxamil Pobert A. Menry, Sr. samp as #13 293-40-0968 Dr. Harold H. Manus (buckend) Purist 7-25-79 Gate of Heaven Cem. Stiver Sering, Monte. Nd. George B. Smowdest Rockville, Md. 20850



Marshall

FOR - STATE REGISTRAR

DHMH - 16 50M 1/76 (VR A 15 (4))

| | DEPARTM | STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIEVE 9 7 | 900 |
|------------------------------------|---|---|---|---|
| FIRST | WIDDLE | LAST | 20 DATE OF DEATH MONTH DAT | 28 1100K |
| seph | ^ | MOLISHUS | July 19 19 | 979 1:55A _M |
| | 4 RACE Caucasian | Mar. 16 DAY 1944 | | UNDER LYEAR IF UNDER 24 HRS |
| ign B | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | O DALTIMORE CITY OR COUNTY O | DF DEATH MD. |
| H / | 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A National Naval N | Medical Center | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) U. S. Navy | 126 KIND OF BUSINESS OR INDUSTRY |
| TOUN | other institution give residence before ITY 13% CITY OR TOWN Philade | phia YESXX NO | 2757 Axe Factory | Road |
| - 1 | Anthony Molish | | ine MIDDLE [| Dublois |
| IF YES, GIVE | war or dates 165 SOCIAL SECUR WAR OR DATES 163 32 7 | 151 Ann D. Molis | shus See Item 13 | |
| | ly ane couse per lige for to . (b), and b BY Pulmon | ary Hemark | age | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LOUIS |
| a record | 0.1 | NCE OF | minal disease or condition given | mouths |
| ON | 190 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, VIN CERTIFYII YES NO YES | WERE FINDINGS USED NG CAUSES OF DEATH? |
| LYING [USE OF DEA EXAMINER) | | Y YEAR 19 | RRED (ENTER NATURE OF INJURY IN ITEM 18, PART | 1 OR PART 2} |
| D E | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| oligeros | tal) attended the deceased fram 19 70 19 70 19 70 19 70 19 70 19 70 19 70 19 70 19 19 70 19 19 19 19 19 19 19 19 19 19 19 19 19 | une 28 , 19 79 , nond that in/n/y) (our) apinian | to July 19 , 19 n death occurred an the date and hour a | nd from the couses stated |
| 230 | welens Captin | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED July 19 1979 |
| PU I | PRINT! 4LE M.D. | 220 ADDRESS National Na | val Medical Center | . Bethesda.Md. |
| MOVAL | 7-22-70 | AME OF CEMETERY OR CREMATORY r Lady of Grace | 23d. LOCATION CITY OF TOWN CO | OUNTY STATE PA |
| uner | al Home Wash | ington, D.C. | ITE REC'D. BY REGISTRAR 256. REGISTRA | IR'S SIGNATURE |



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DHMH - 16 50M 1/76 (VR A 15 (4))

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the curte and hour and from the causes stated 22c. DATE SIGNED 7/19/79 Arlington, Virginia Arlington National Buria1 24 FUNERAL DIRECTOR ROBERT 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

8:05 IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS

> 12b. KIND OF BUSINESS OR Self-Employ

Pisaro ADDRESS 8801 BradleyBlvd

Bethesda, Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH duy 5

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE "> 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR # UNDER 24 HRS MONTHS DAYS NOURS MALE CAUCASIAN 1928 JUNE 51 78. BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? COUNTRY) NEVER MARRIED NEW YORK U.S.A. WIDOWED DIVORCED IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR H FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ENGR. U.S.GOVT. DOE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE 113h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND MONTGOMERY ROCKVILLE YES X NO [38 ORCHARD WAY NORTH 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST - MIDDLE LAST JOHN S MORABITC FRANCES LUCA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 108-20-9087 NO PAULA T. MORABITO (SAME AS 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 AS A CONSEQUENCE OF tarlale Conditions, if any, which gave rise to immediate (o), stating AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED 211 LOCATION 210 PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK AT WORK 220 | certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (# (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 7/24/79 PHYSICIAN A DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LTYPE OR PRINTS 220 ADDRESS MPORT ENC

DHMH-16 20M (VRA 15, 4) 7/78

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24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

BURIAL

ROBERT A. PUMPHREY FUNERAL HOMES P/A

23b. DATE

JULY

27,1979

250. DATE REC'D. ROCKVILLE MD.

23c. NAME OF CEMETERY OR CREMATORY

GATE OF HEAVEN CEM.

23d LOCATION

CITY OR TOWN

SILVER SPRING

REGISTRAR 25b. REGISTRAR'S SIGNATURE

MONTG.

STATE

MD.



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| | O HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 etained by the hospital or attending physician. | TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours attempted be to of Health and Mental Hygiene prior to burial, cremation, or removal. |
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME MIDDLE 2n. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Catherine MORGAN 1979 2:15 Joan July 4 RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 26, 1942 MONTH White April 37 Female Je BIRTHPLACE ISTATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland U.S.A. Montgomery County. WIDO WED [DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12R USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Reallsville unemploved WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY Beallsville 134 INSIDE CITY LIMITS? 13R STREET ADDRESS Maryland Montgomerv Box 31. Beallsville, Md. NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Zimmerman Norman R. Catherine Margaret Morgan ME WAS DECEASED EVER IN U.S. ARMED FORCES? IM SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) CIE YES GIVE WAR OR DATES! 215-88-6335 Norman R. Morgan, Box 31, Beallsville, Md. no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE ARMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTA YES T 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC/ 214 INJURY OCCURRED 211 LOCATION 21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK 220 I certify that (I) (this hospital) attended the deceased from

aut gomion death occurred on the date and hour and from the causes stated

ATTENDING

DEGREE

DIRECTOR PHYSICIAN PHYSICIAN .

MEDICAL

23d LOCATION

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT) Dr. H. Bahar, M.D.

sow the deceased alive on_

22h. SIGNAJURE.

23R BURIAL CREMATION REMOVAL

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B218 Wisconsin Avenue, Bethesda, Md. 20014 73c. NAME OF CEMETERY OR CREMATORY

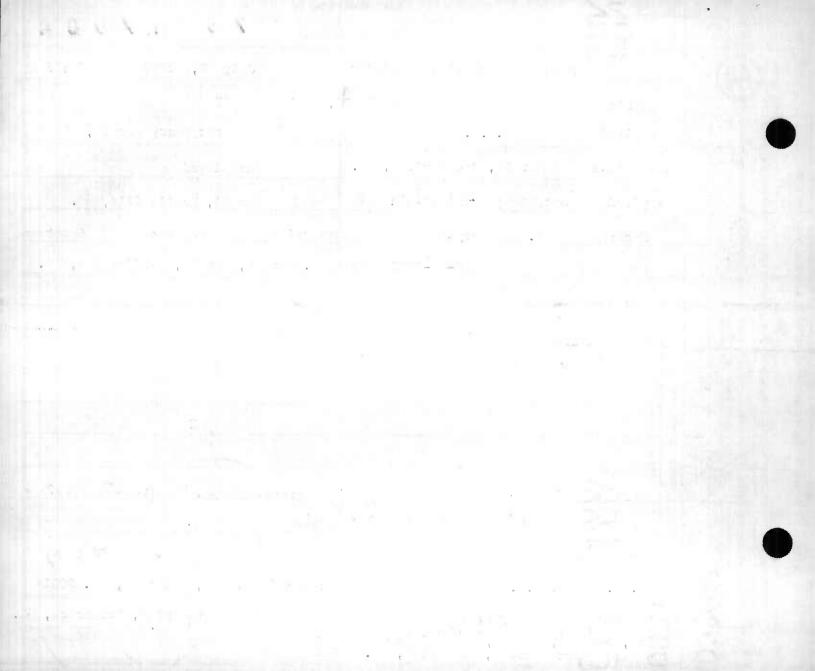
(SPEERY) rial Resthaven Memorial Gardens Frederick. Frederick. Md. July 5 1979 Smith, Fadeley, Keeney, Basioned Funeral Home 106 East Church Street, Frederick, Md. 21701

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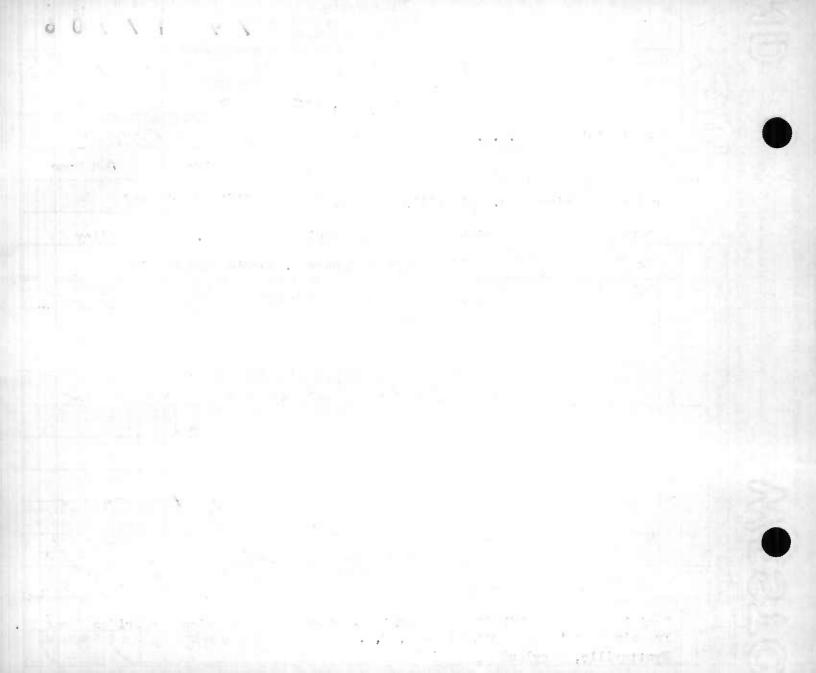


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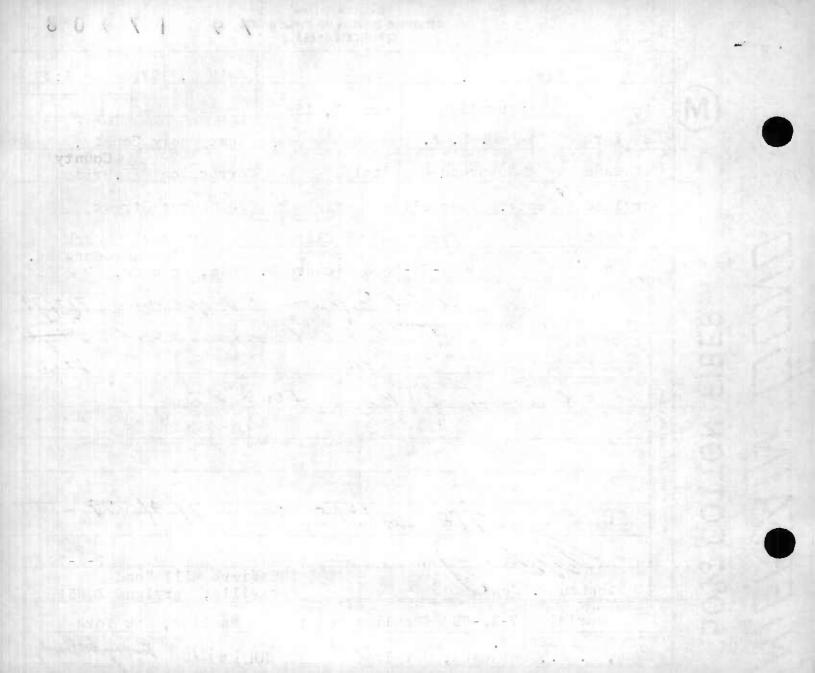
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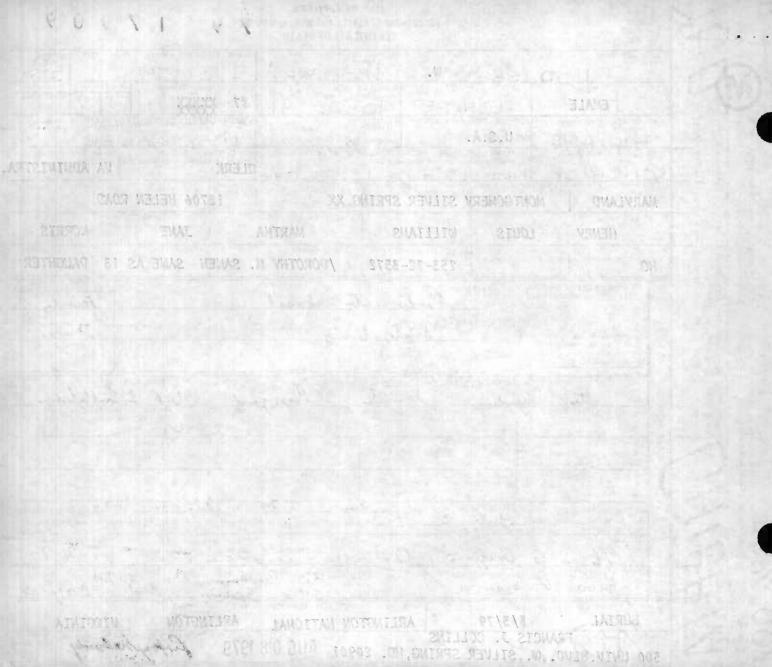
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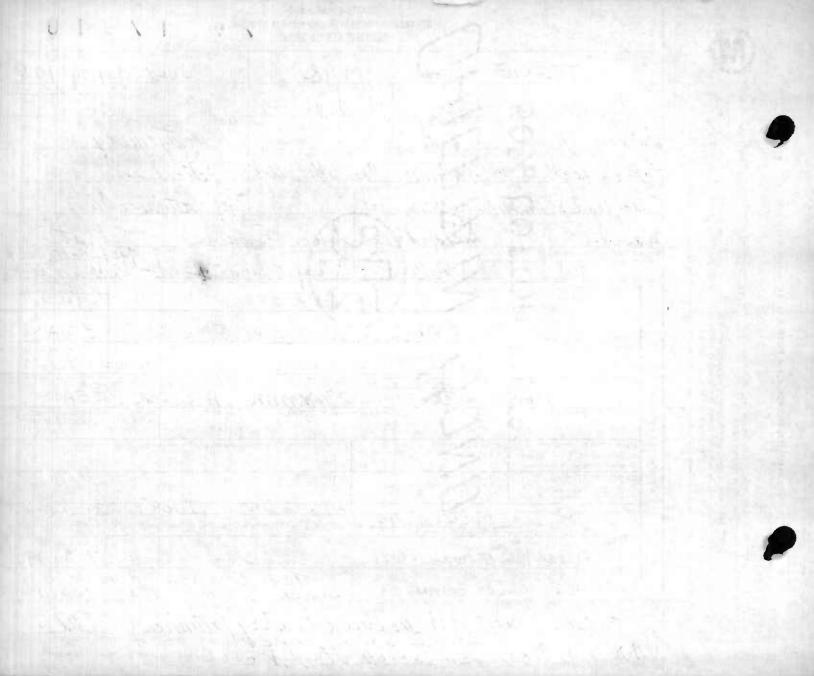


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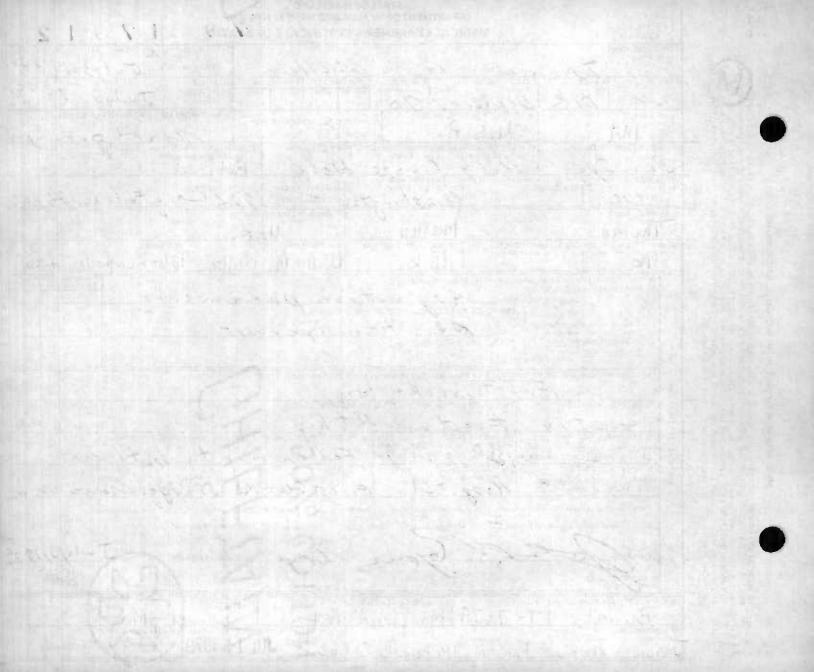


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DHMH - 16 50M 1/76

(VR A 15 (4))

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY APL Lab. 7608 Greendell La. LAST Gue Item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6,00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the days and hour and from the couses stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 18111 Prince Philip Dr., Olney, Md. STATE Laytonsville, Montg. Laytonsville Md. 24 FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

IF UNDER 1 YEAR

4:10p

IF UNDER 24 HRS HOURS



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Larial ouly 29,1971 tetamenille markusville, sonig. Ulm.

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ROBERT A. PUMPHREY FUNERAL

P. A., Bethesda, Maryland

- STATE

(TYPE OR PRINT)

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 60M 7/73 (VR A 15 (4))

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

Home

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

YES [

COUNTY

TR. DATE SIGNED

DAYS

20. DATE OF DEATH



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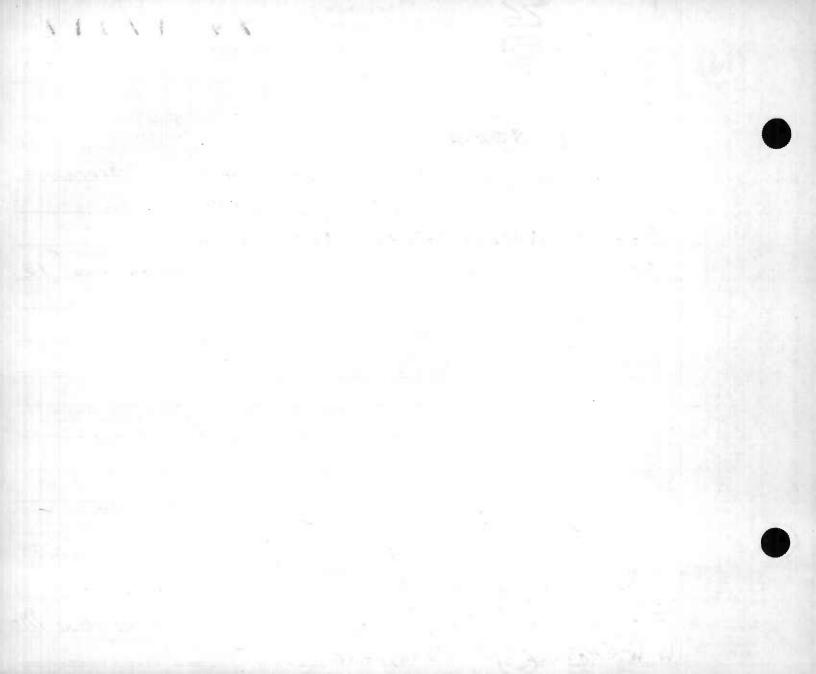
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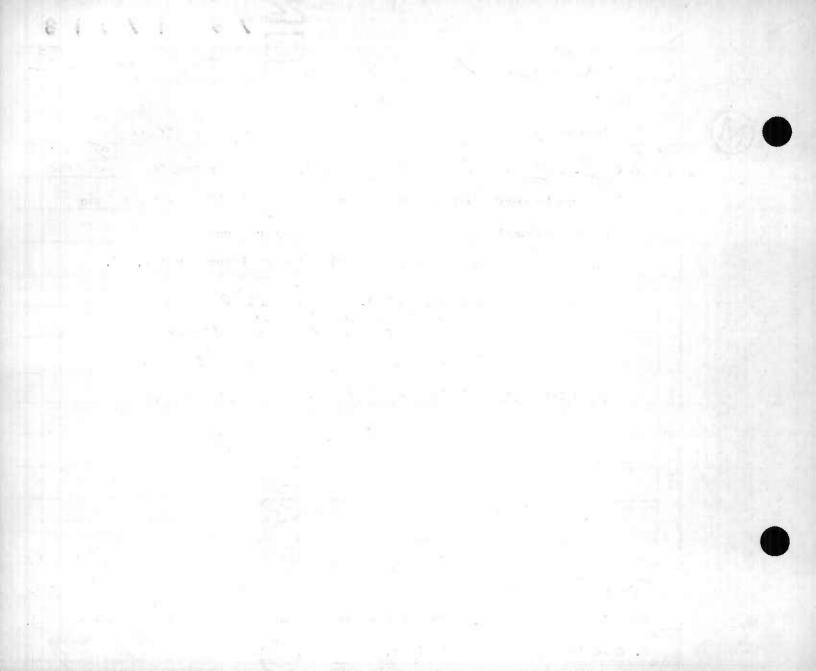
| | | | | | | | E OF MARYLAND | | | | | |
|----------------|---------------|---|--------------|-----------------------------|---------------------------------------|-----------------------|------------------------------------|-------------|--|------------------|--|-------------------------|
| | 1. | FOR STATE REGISTRAR | | | DEPART | | EALTH AND MENTAL HY ICATE OF DEATH | GIENS |) | 7 | 9 1 | 5 |
| | | CEASED NAME | FIRST | | MIDDLE | i | AST | 20 DATE | REG. NO. | H DAY | YEAR 2b | HOUR |
| t o | (TYP) | Sa ORPRINTI | va | h | R. M | nush | insky | | Ju. | 1, 12 | . 79 € | 1.35 |
| | 3 SE | х | 4 | RACE | | 5 DATE C | OF BIRTH | 6 AGE (III | YEARS LAST BIRTHDAY) | | IDER I YEAR IF | UNDER 24 HRS |
| | | EMALE | | WHITE | | DEC. | 24, 1896 | | 82 | YRS. | AS DAYS HO | DURS MIN |
| 200 | | RTHPLACE (STATE OR FORE | EIGN 7t | | WHAT COUNTRY? | MARRIED NEVER MARRIED | | 9 BALTIN | ORE CITY OR CO | UNTY OF E | DEATH | |
| 11 | | OLAND | | U.S.A | | WIDOWE | D DIVORCED | n | ranta | ome | | MD. |
| 90 | R | OCY VILLE | | (IF NOT IN SUC | H FACILITY, GIVE STREET | ADDRESS) | R WASHINGTON | TYPE OF WE | LOCCUPATION ORK FOR MOST OF WOR HANT | | 76. KADID OF BI NDUSTRY GROCER! | |
| 2/1 | 130 | AL RESIDENCE (IF NURSING | S HOME OR O | THER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | 13d INSIDE CITY LIMITS? | | | | | |
| 4/ | | . C. | non | | WASHINGT | ON | YES NO | 6817 | GEORGIA | AVEN | UE, N. | W. |
| g // | | THER'S NAME | MIL | DDLE | 1AST_ | | 15 MOTHER'S MAIDEN N. | AME | WIDDLE | 77 | | |
| ex. | | AAKÓŮ | | | RABINOWI | | FREDA | | A. | | BUSHMI | ΓΖ |
| 3 medico | | VAS DECEASED EVER IN ES. NO OR UNKNOWN) | | ED FORCES? /AR OR DATES) | 579-44-8 | | ANN BOBYS, | daugh | ter, ADT | FRIE | NDSHIP | BLVD. |
| event, the | | 18 CAUSE OF DEATH | Enter only | ane cause per | line for (o), (b), one | dic | | | | V CHA | APPROXIMATI CE WEEN IDE | INTERVAL T AND DEATH |
| ever | | | | CAUSE (a) | CARDIA | H | RRHYTHMI | A | Onev | 7 0,1,13 | 4DDE1 | U DEATH |
| n, or motic | | 4029 | | DUE TO, O | RAS A CONSEQUE | NCE OF | CARDION | 15-41 | 110 11 | Co Aur | | |
| fraum | | Canditions, if any, v gove rise to immed | diate | (b)_7 | MICHIE | 10000 | CARDIOV | 14369 | LHN DI. | SCHE | | |
| other | | couse (a), stating underlying couse | the lost. | DUE TO, OI | R AS A CONSEQUE | NCE OF | | | | | | |
| ury, or | z | PART 2 OTHER SIGNIF | ICANT CO | ONDITIONS CO | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TER | MINAL DISEA | SE OR CONDITIO | N GIVEN IN | PART 1(o) | |
| ony in | CERTIFICATION | 19a DATE OF OPERATIO |)N | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AU | OPSY? 20b. | IF YES. WE | RE FINDINGS | LISED |
| o Swa | TIFIC | | TUDIE | | | | | YES 🗀 | NO DON | CERTIFY ING | CAUSES OF | DEATH? |
| 8 6 | CER | 210. ACCIDENT WAS UNDER | LYING AV | 216. TIME O | FINJURY M. MONTH DA | VEAD. | 21c. HOW INJURY OCCUI | RRED (ENTER | X- 1 | | | |
| Hem / | CAL | OR CONTRIBUTING CAU | | P.I | | 19 | | | | | | |
| Ö | MEDICAL | 214 INJURY OCCURRED | | 21e PLACE (| OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | 211 LOCATION STREET | | CITY OR TOWN | C | YINUO | STATE |
| morked | _ | WHILE NOT WHILE AT WORK | | | | . 1 | 1 - | | 7// | , | - | |
| .s. | | 22a. I certify that (I) (the saw the deceased | | ottended the | e declased from | d | , 19 / S | , to | 1121 | 19 | | (I) (we) fast |
| m 21 | | obove, (I) (we) (did |) (did not) | viewthe body | ofter deoth. | | | death accur | red an the date or | | from the caus | |
| If Hem | | N SIGNATURE | 10/0 | sel | | M A | DEGREE ATTENDING | MEDICA | STAFF | | 7/2 | 79 |
| Z- | | 22d. PHYSICIAN'S NAM | UVO C | 9 | | 10 | PHYSICIAN L | DIRECTO | R PHYSICIAN | | 1100 | 11 |
| IMPORTANT. | | 0.7 |). 8 | ATEL | _ | | / | NTRO | se Ro. | Roc | KVILL | E MD. |
| 3 🛬 | 23a E | URIAL, CREMATION, RE | MOVAL | 23b. DATE | | | EMETERY OR CREMATORY | 23d, LOC | ATION | COUN | Ty | STATE |
| _ | | ÜRTAL | | 7/13/ | | | EBANON CEMET | | ADELPHI | | | ARYLAND |
| 1/75 | | INERAL DIRECTOROUN | | | | | | | REGISTRAR 25b. R | EC STRAR'S | | ade |
| 4)) | 2 | 32 CARROLL | STREE | I, N.W | ., WASHIN | IGTON, | D. C. | 1116 | 1979 | and the state of | A STATE OF THE STA | poly |

A STATE OF THE PARTY OF THE STATE OF THE STA The state of the s

| 9 | 18 | | tem #16b per phone call w/Fun. STATE OF MARYLAND FOR Home 7/30/79 rc DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
|-------------------|--|---------------|--|--|
| 7 | 10- | 1- | FOR Home 7/30/79 rc DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF BEATH MEDICAL EXAMINER'S CERTIFICATE OF BEATH | REG. NO. |
| | | | | |
| | SE. S. S. T. | (TYP | PEORPRINT) Anthory Thomas Musican est | ATED Fredy H 19 10 725 |
| | PLEASE FILES. HOURS STREET, | 3. SE | X 1. RACE S. D./TE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 7c DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCES | MONTH DAY YEAR 2d HOUR |
| | 290 Z | | Male Miller Gra 3 23 56 yrs. DEAD | July26 1979 AM |
| | ME, | | IRTHPLACE (STATE OR DESCRIPTION OF WHAT COUNTRY? NEW Hampshire WISA 8. MARRIED MEVER MARRIED WIDOWED DIVORCED WIDOWED DIVORCED DIVORCED | ECITY OF COUNTY OF DEATH |
| | 0.3 | | ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION | ION (TYPE WORK 1/2h, KIND OF BUSINESS |
| | PELAY IS TO THE PAGE BE FILED. | 1 | Rock. VIIIc (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ROCK: VIIIC (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR TOP OF WORKING | Toyed Auto Body |
| 201 | ANY DE ANY DE COULD B ECORDS | | AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE DMISSION) STATE 136. COUNTY 137. CITY OR TOWN 138. INSIDE (ITY LIMITS? YES \(\text{NO BE } \) 130. STREET ADDRESS. | T-6-11 84 |
| 0.2120 | 2. 2. 33. 3. SH | 14 F | ATHER'S NAME | ESUEL DE |
| E, MD. | S S S S | | Salvatore T. Musumeci Josephine Musumeci | Cunsolo |
| AORE | N N N N | 16a. \ | WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT A | ADDRESS |
| BALTIMORE | URS AFT S. GIVE WITH F PAGES DIVISIO | | yes (FYES, GIVE WWW TIT 577-20-6120 Mary Musumeci sat | |
| | JB. G WIT. P | | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PRESTON ST., | 24 H ITEM ILONG PERW GIENI | | IMMEDIATE CAUSE (o) | |
| EST | | | Canditions, if any, which | |
| | ED WITHIN PENCIL IN AMINER , L-TRANSIT ENTAL HY REMOVA | | cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF | • |
| 301 W. | N EXX | | lying cause last. | |
| SDS, | A B A O | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | |
| RECORDS, | D BE ENDING MEDIC AS A AS A SALTH A EMATIC | CERTIFICATION | 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? | Les AUX ORGAN |
| AL R | OOTTE | FICA | 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20. AUTOPSY? |
| DIVISION OF VITAL | CERTIFICATE SH TING THE WORL DED TO THE CI E 3 SHOULD BE I DEPARTMENT OF PRIOR TO BURIA | ERT | 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY | |
| O N | THE OUT | | UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF P.M. 2 24 19 79 In 2 wto make 16 | |
| /ISIC | CERTIING DED T 3 SH DEPA | MEDICAL | 214 INTURY OCCUPPED 214 PLACE OF INTURY LIATHOUS 216 LOCATION | COUNTY STATE |
| ۵ | WRIT WARD WARD AGE TATE I | 5 | WHILE AT WORK AT WORK STREET, FACTORY, FARM, THOO Channa Ave Rock | ville Mart Mit |
| 12.0 | ER: T ATE, ORW R: P. | | 22a. I certify that I taok charge of the remains described above, held on Autopsy . Inspection Inquiry | , and in my apinion |
| | MINI FECTO CTO HTH LAND | | death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manne | er . |
| | EXA CERT UID DIRE WIT | | ACTUAL / D / TITLE (SPECIFY) | DATE T. 1. 2. 110 700 |
| | CAL THE SHO SHO ATH, RE, N | | SIGNATURE MEDICAL EXAMINI | ER SIGNED LANGE TO THE |
| | MEDIC CUTE T SE 4 S FUNER FUNER CER DEA | - | John Rogers ADDRESS Seminary Rd. S: | ilver Spring, Md. |
| 7 | TO MEC EXECUTE PAGE 4 TO FUN AFTER D BALTIMO | 23o.B | BURIAL, CREMATION, REMOVAL 236. DATE 1236, NAME OF CEMETERY OR CREMATORY 1236. LOCATION | |
| 5 | 7 BP | | | ver Spring, Maryland |
| | DHMH - 17 (VR A15 ME (5)) | 24. 8 | Timeral dirtyson Wheeler Funeral Home, Inc. 25a Date Ryll By E 1331 Rockville Pike Dor Rockville, Md. 20852 | b. REGISTIAN AND AND AND AND AND AND AND AND AND A |
| | 15AA 7/7A | | | |

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FOR

George R. Snowden

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Dec. 14, 1924 Grithershard - 8145 Morninoview Orive puno! ____b!! From Marifife Roberta Thomas 212-20-2224 (corne Campbell (con) Frederick, wat "altherstuck, Ponto. Md. Surfal S7-10-79 Erory Grove Cenerary Serves O. Snowden Cockylliashinotapani.

| 0 15 | -1 | Item 5 g534 8/16 | /79 gj | STAT | E OF MARYLAND | | |
|---|-----|---|---|-----------------------|-------------------------------|---------------------------------------|---|
| 8 | | FOR STATE REGISTRAR | DI | | ICATE OF DEATH | REG. NO. | 7 9 2 0 |
| | 1 | DECEASED NAME FIRST | MIDDLE | | AST | 20. DATE OF DEATH MON | ITH DAY YEAR 26. HOUR |
| (M) | | | Sonita & | | VEARPASS | 7 | -19-79 5:05 |
| () | | . séx | 4 RACE | MONT | OF BIRTH 28 | 6. AGE (IN YEARS LAST BIRTHDAY | MONTHS DAYS HOURS MIN |
| direction of | | BIRTHPLACE (STATE OR FOREIGN | White Is CITIZEN OF WHAT COU | W. (70.VO 0 | ist 20 1919 | 59 | YRS. |
| deoth. F | 9 | COUNTRY) New York | U. S. A. | MARRIE | D NEVER MARRIED DIVORCED | 9 BALTIMORECITY OR C | |
| ofter of the full | 71 | CITY OR TOWN OF DEATH Takoma Park | NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GE Washington | VE STREET ADDRESS) | Hospital | 12a USUAL OCCUPATION | |
| ed within 24 hours mpletely filled in by and 2 should be fill | , , | USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU | PROTHER INSTITUTION GIVE RESIDEN | ICE BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 9526 50th PI | |
| tely 2 sh | , 1 | 4 FATHER'S NAME | | | 15 MOTHER'S MAIDEN NA | ME | |
| ed windlet | 2 | Frank | | ooner | Clarissa | J. MIDDLE | Bergstresser |
| 5 8 6 | 7 1 | 60 WAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIA | AL SECURITY NO. | 17 INFORMANT | ADDRESS | |
| ote be exect of the second of | X. | No | | 10-7608 | Don Charles | Nearpass Sa | ame as 13. APPROXIMATE INTERVAL RETWEEN ONSET AND DEAT |
| uires that the death certisigned by the attending replease remove carbon burial, cremation, or renury, or ather traumatic ev | | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A COM | rent / | 7 | Infanction Infanction | ON GIVEN IN PART 1(a) |
| NG PHYSICIAN: The low require outending physicion. After this certificate has been signs as the burial-transit permit. Then the and Mental Hygiene prior to be orked or them 18 Hygiene prior to be orked or them 18 Hygiene prior in junior. | _ | 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING | Using 196. CONDITION FOR | WHICH OBERATIO | N. WAS BEREORUS | 200 AUTOPSY? 20 | b. IF YES, WERE FINDINGS USED |
| n. n. ne pr | 2 | DE PARE OF OPERATION | 1778. COI4DITIOI4 FOR | WHICH OFERATIO | IN WAS PERFORMED | | CERTIFYING CAUSES OF DEATH? |
| hysicio hygie Hygie Hygie | | 210 ACCIDENT WAS UNDERLYING | 216 TIME OF INJURY | | 21c. HOW INJURY OCCUR | YES NO RED (ENTER NATURE OF INJURY IN | YES NO I |
| SICIAN ng phy certific ental H fem 11 | 1 | OR CONTRIBUTION CAUSE OF DE | | TH DAY YEAR | | | |
| G PHYSI offending er this ce the burn and Me | | OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, | | 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| DING P or offer se as the selth and marked | | 220 I certify that (I) (this hosp | atal) attended the eleceosed | from 7-17 | -7 19 79 | _ 10 19 July | 19 79 that (I) (we) la |
| ATTEN aspitol eCTOR d for u | | | at view the body ofter death | | nd that in (my) (our) opinion | death occurred on the dole o | and hour and from the causes stated |
| No he | 4 | 22b. 51G51431G9E | dr. view rite body drier death | / | DEGREE | TOTAL SECTION | 22c. DATE SIGNED |
| | | Mustal | Schwart | W | ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN | |
| HOSPII ined b FUNEF uld be h the St | | 22d. PHYSICIAN'S NAME ITYPE OF | A-SCHWAR | 72 | 5711 SARVIS | Ave, RIVERD | ALE, Md. 20840 |
| of of short Mark | | 3a. BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c. NAME OF C | EMETERY OR CREMATORY | 236, LOCATION CITY OR TOWN | COUNTY STATE |
| BP | | Cremation | 7-23-1979 | Ft. Line | coln Crematory | Brentwood | P. G. Md. |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | F | rancis Gasch's Se | ons, P.A. Hya | ttsville | Md. 250. DAT | E REC'D. BY REGISTRAR 256 | INTERNATION STREET |

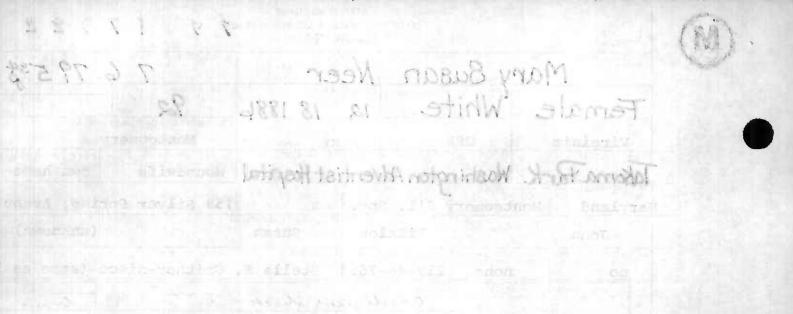
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STATE OF MARYLAND



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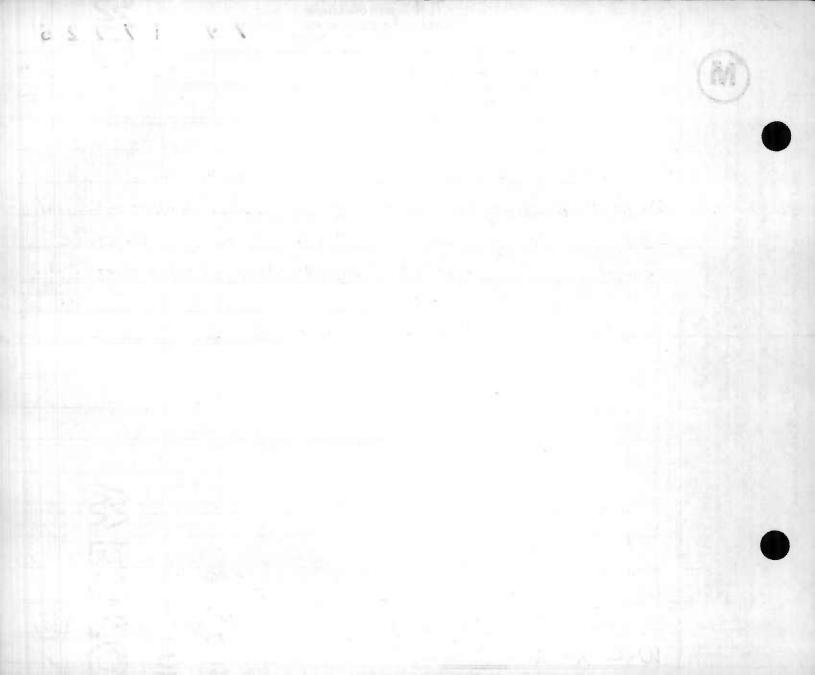
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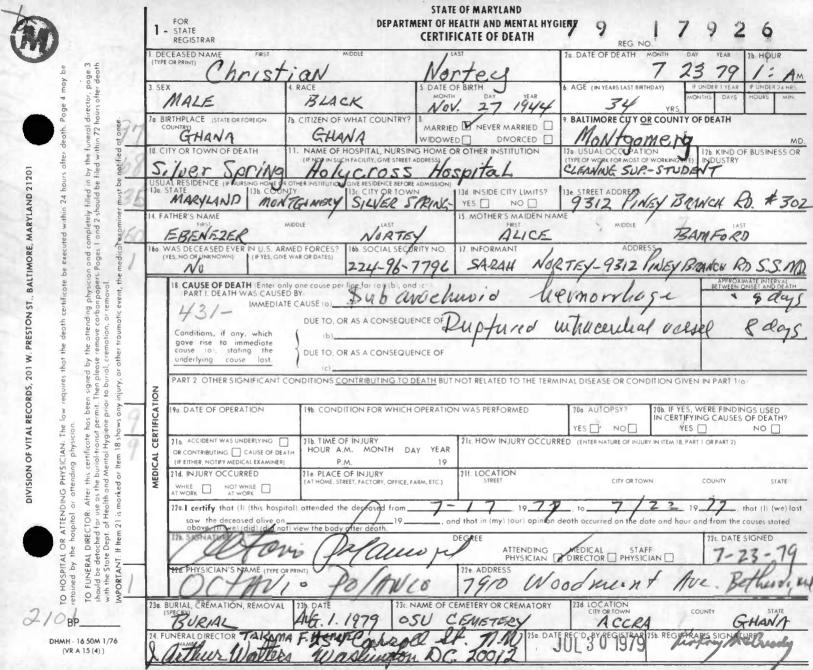
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the same then then the then they The same of the sa Boreson Suggley Bearing Consulting Company D. monder C. Maryana

| 10 | | 1. | FOR STATE REGISTRAR | | | DEP | ARTMENT OF H | EALTH AND MENTICATE OF DEAT | TAL HYGIE | | 17 | 9 2 | 4 |
|--|-----|---------------|---|-----------------------------------|---|--------------------------------|-------------------|-----------------------------|---------------|--|-------------------|-----------------|-------------------------------|
| ه م جو جو | | | CEASED NAME | FIRST 71111 | FIRST MIDDLE | | | Newman | | REG. NO. 20 DATE OF DEATH MONTH DAY YEAR July 29, 1979 | | | 26 HOUR 12:20 ^р |
| | 1 | 3. SE | X | | 4. RACE | | S. DATE (| | | AGE (IN YEARS LAST BIR | THDAY) | F UNDER 1 YEAR | IF UNDER 24 HRS |
| 9 (W) |) | | Male | | Caucas | ian | MONT | /30/22 | YEAR | 57 YRS MONTHS DAY | | | HOURS MIN |
| 8 ° | / | 7a. B | RTHPLACE (STATE OR FO | DREIGN | 76 CITIZEN OF | WHAT COUN | TRY? 8 | D X NEVER MARE | 9 | BALTIMORE CITY | R COUNTY | OF DEATH | |
| death | 1.9 | | ew York | | USA | | WIDOWI | | | Montgome | ry Con | ntv | MD. |
| ф + | | 10 C | ITY OR TOWN OF DEA | TH | 11. NAME OF | HOSPITAL, NU | IRSING HOME | OR OTHER INSTITUT | | O USUAL OCCUPAT | ION | 12b. KIND OF | BUSINESS OR |
| s offi | 10 | Be | ethesda | | | cheacility, gives | | | F | Pathologis | F WORKING LIFE | Medic | al |
| 212 hour | | ÜSÜ | AL RESIDENCE (IF NURS | 136 COUN | R OTHER INSTITUTION | , GIVE RESIDENCE | BEFORE ADMISSION) | | | | | | |
| ND 24 24 filled pulld | | | ryland | | gamery | Chevy | | YES TX NO | IMITS? | 8816 Montg | omerv | Avenue | |
| YLA Ithin Ithin 2 sh | | | ATHER'S NAME | | | 1 | | 15. MOTHER'S MA | | , | , | | |
| MAR d w | 150 | | Jacob | | MIDDLE | Newman | | Marth | na | MIDDLE | - / | Shapir | ·O |
| Corte | | 16a \ | VAS DECEASED EVER | IN U.S. AR | MED FORCES? | | SECURITY NO. | 17 INFORMANT | | ADDRE | Scherry | Chase, | Md |
| MOR sexe | | | YES, NO OR UNKNOWN) | 194 | 8-50 | 391-14 | -5749 | Syliva N | Jewman. | 8816 Mont | | | PROL. |
| AL RECORDS, 201 W. PRESTON ST., E he law requires that the death certification. has been signed by the attending phy ten prior to burial, cremany carbonno | 2 | CERTIFICATION | PART I. DEATH W Conditions, if any, gove rise to imm couse iol, storing underlying couse PART 2 OTHER SIGN 190. DATE OF OPERAT | which nediate g the lost | DUE TO, O (b) DUE TO, O (c) CONDITIONS CO | | EOUENCE OF | y was performe | | Linease AL DISEASE OR CON 200 AUTOPSY? YES NO | 20b. IF YES, | WERE FINDING | GS USED OF DEATH? NO |
| AN: II hysicia ficate fransifi I Hygin | | | 210. ACCIDENT WAS UND | - | 21b. TIME O | M. MONTH | DAY YEAR | 21c. HOW INJURY | Y OCCURRED | ENTER NATURE OF INJUI | RY IN ITEM 18, PA | RT 1 OR PART 2) | |
| TYSICIA ding ph s certifi burial-ti Mental | - / | MEDICAL | (IF EITHER, NOTIFY MEDICA | L EXAMINER) | Ρ. | | 19 | | | | | - 1/15 | |
| DIVISION OF VITAL NG PHYSICIAN: The attending physician than the certificate h os the burial-transit print and Amental Hygins the norm Amental Hygins and Amental Hygins and 18 the purious prints are purious prints and purious prints and purious prints are purious prints are purious prints and purious prints are purious prints and purious prints are purious prints are purious prints and purious prints are purious prints and purious prints are purious pr | | MED | 21d INJURY OCCURR | | 21e. PLACE | OF INJURY REET, FACTORY, OF | FICE, FARM, ETC.) | 211 LOCATION STREET | | CITY OR TOV | VΝ | COUNTY | STATE |
| ING ING After os f Ith o | | | AT WORK — AT WO | RK. | | | | L | - | 2001 | | -70 | |
| ATTEND aspital a sector of the officer use of the officer use of the officer of the officer of the officer of the officer offi | | | 220. I certify that (I) saw the decease above, (I) (we) (d | d alive on | 28. m | 4 | 9 m | |) apinion dec | oth occurred on the d | ote and hour | and from the co | |
| OR he he | | | 226. SIGNATURE Affect (Same . DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 19 | | | | | | | | | | |
| HOSPI nined b FUNE ould be th the St | | | 22d. PHYSICIAN'S NA | | R PRINT) | | | 22e ADDRESS | 730 | ZX - We | 1 Au |) | |
| TO HOSPITAL TO FUNERAL Should be deterwish stand the State MADOR HASTAN | | | ALFRI | 50 | 18/46 | RM | 7. | 0 | Varti | restan, | be. | 20037 | |
| 7/50-33 | | 23a E | BURIAL, CREMATION, I | REMOVAL | | | | EMETERY OR CREM | | 23d LOCATION CITY OR TOWN | | EOUNTY | STATE |
| BP | | | urial | | 7-31- | 79 | King Da | vid Mem. | | Falls Ch | urch, | Virgini | a |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | | Da Da | ineral director anzansky–Go | oldbei | rg Mem. | Chap. | Rockvil. | le, Md. | 250 DATE R | EC'D. BY REGISTRAR | 25b. REGISTR | AR'S SIGNATU | Bready |

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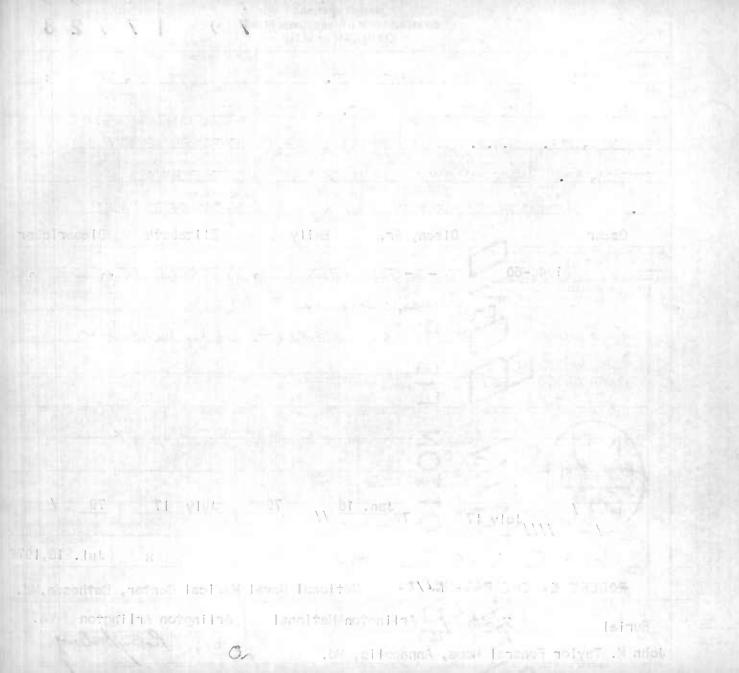
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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STATE OF MARYLAND

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21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

COUNTY

STATE

1979 220.1 certify that HT (this hospital) attended the deceased from July 19 79 Jult the deceased alive on. and that in Layr (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING

PHYSICIAN |

22d. PHYSICIAN'S/NAME (TYPE OR PRINT

Krasner MD

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Bethesda, Md

CITY OR TOWN

MEDICAL STAFF
DIRECTOR PHYSICIAN

National Naval Medical Center,

| Cremation | |
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| FUNERAL DIRECTOR | _ |

July,

Fairfax, Va.

Washington, D.C. William Lee Crematory

STATE

Capitol Funeral Service (VR A 15 (4))

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230. BURIAL, CREMATION, REMOVAL

256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76

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TO FUNERAL DIRECTOR:

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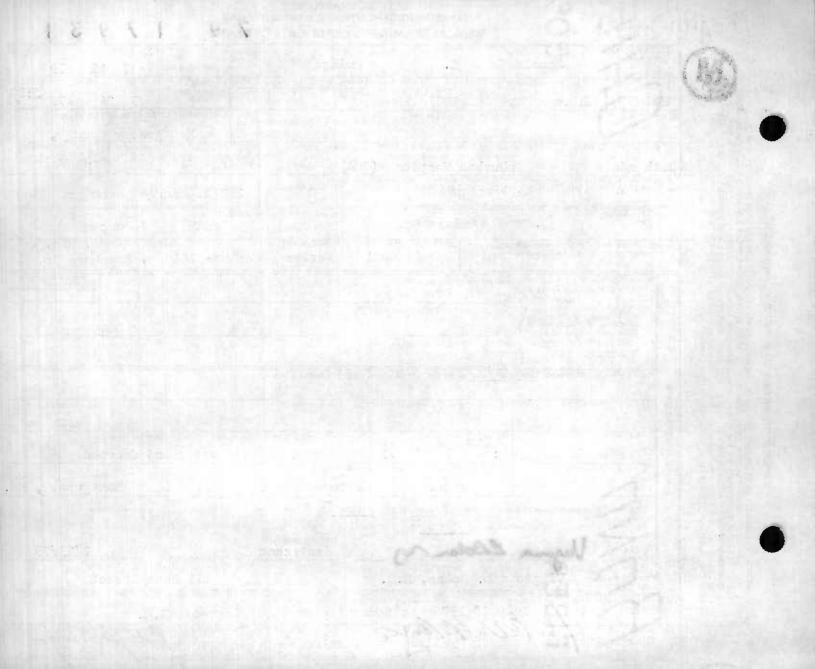
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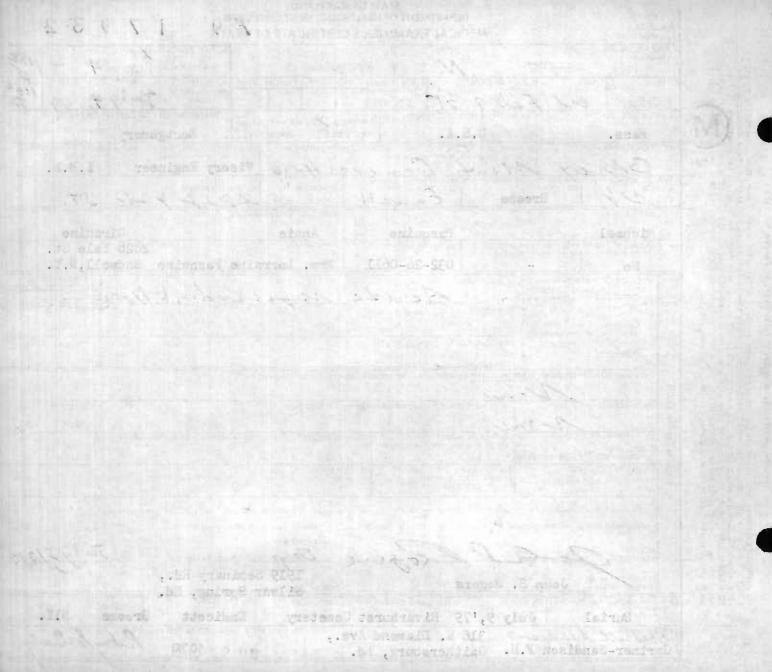
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26. DATE KNOWN MONTH TYPE OR PRINT ESTI-DEATH MATED 3. SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED & D YRS DEAD 19 70. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH D. COUNTRY) MARRIED NEVER MARRIED U.S.A. WIDOWED A DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) .C. Gov 3. RETAIN P. SHOULD BE USUAL RESIDENCE HE INJUR COUNTY 13a. STATE 3d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES RM PM 3. I AND 2 SI OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Nathan Hirsh LAST Elinor Frazier MIDDLE LAST FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166. SOCIAL SECURITY NO. WITH FOR 2950RENWest Ave NES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr Nathan Hirsh Unknown Apt 114 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY valnoma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) **IFICATION** 19s. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES NO HO E 3 SHOULD BE DEPARTMENT PRIOR TO BURIA BE 71a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. TIE. PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED II LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection A TOR: 270. I certify that I taak charge of the remains described above, held on Autopsy and in my apinion Inquiry Natural causes death resulted fram: Accident DIRECT Hamicide Undetermined manner TIDE (SPECIFY) TO ME.
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AFTER DEATH,
"MORE, M SIGMATURE MEDICAL EXAMINER OR PRINT TRIAL, CREMATION, REMOVAL 73b. DATE 13d LOCATION 23L NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Washington National Suitland Md BP 14. FUNERAL DIRECTOR 25s DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNAPORE W.K. Huntemann & Son **DHMH - 17** (VR A15 ME (5)) Georgia Ave. Wash Dic. 15M 7/77

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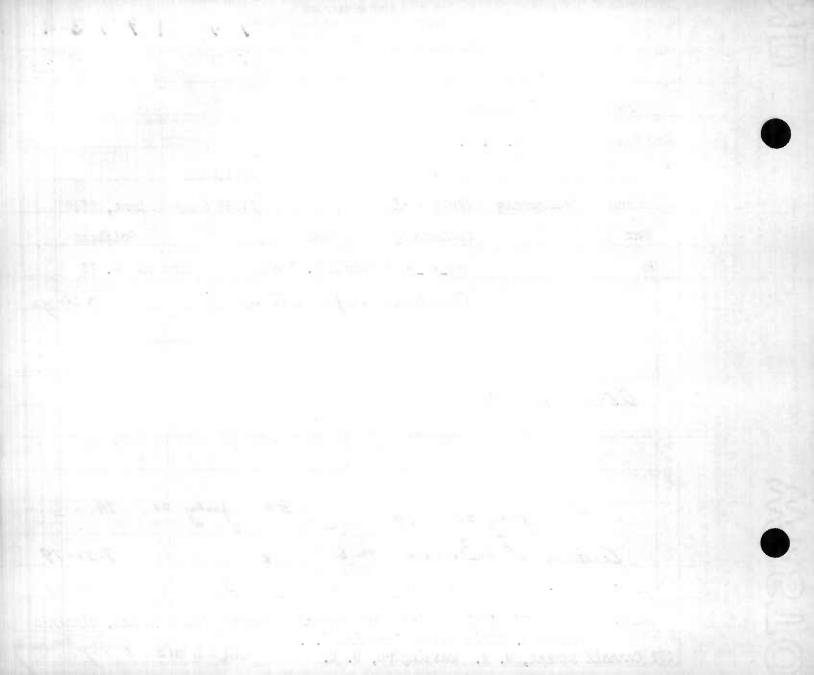


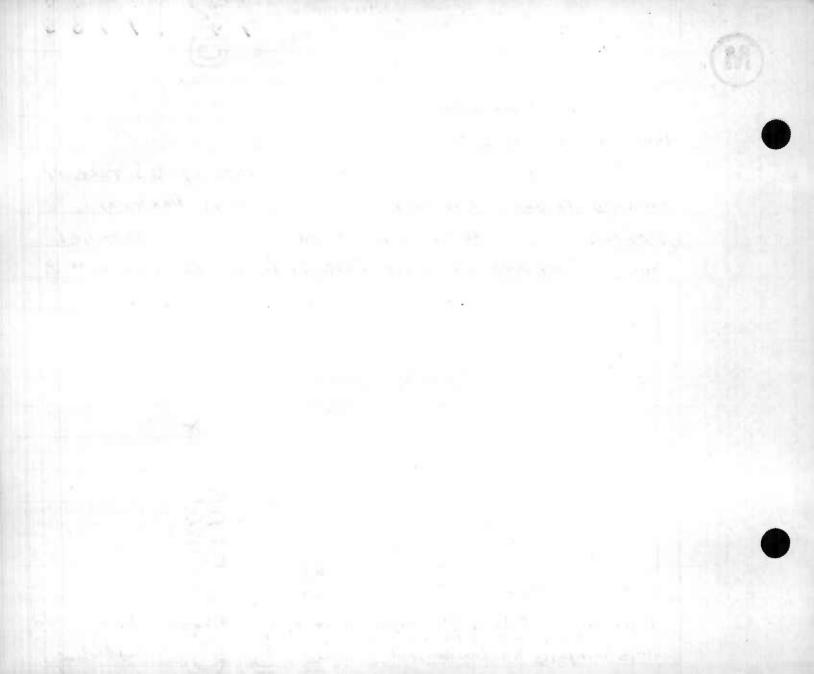
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR FIRST I. DECEASED NAME O. DATE KNOWN DE MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Lawrence Pasquino 19 79 July & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH 2c. DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD Male 48 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED DENEVER MARRIED FOREIGN COUNTRY! Mass. U.S.A. WIDOWED [DIVORCED Montgomery I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TTYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Visory Engineer I.B.M. USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION 1126 COUNTY 13d INSIDE CITY LIMITS? 13a STATE T3c. CITYOR TOWN 13e STREET ADDRESS Broome NO [] YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE OF OF Michael Pasquine Giradine Annie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRES 2828 Yale St. 166. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES Endwell, N.Y. 032-26-0611 Mrs. Lerraine Pasquine 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL E DEPARTMENT OF PRIOR, TO BURIAL YES D NO D 21g. EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STATEMORE, MARYLAND, 21 Inspection 1 22a. I certify that I took charge of the remains described above, held an Autopsy ond in my ppinion Natural causes death resulted fram: Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) SIGNATURE 1919 Seminary Rd. EXAMINERS NAME (TYPE OR PRINT) John S. Rogers ADDRESS Silver Breing Md 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATOR) COUNTY NAY Riverhurst Cemetery Endicett Broome BP. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAS'S SIGNATURE 316 E. Diamond Ave.. **DHMH - 17** (VR A15 ME (5)) Gartner-Sandison F.H. Gaithersburg. Md. 15M 7/77



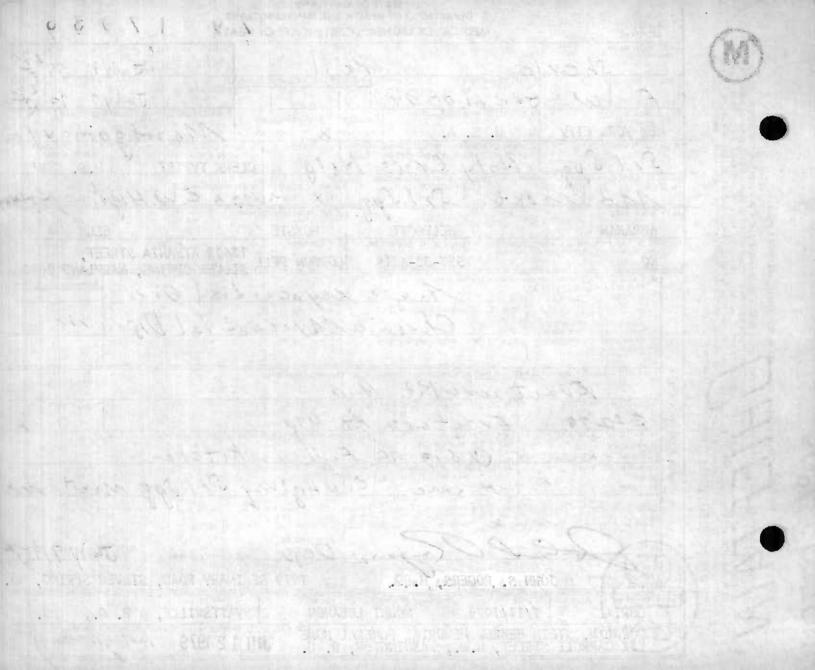
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2e DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 1.da 197 3. SEX 4 RACE 5. DATE OF BIRTH # UNDER I YEAR AGE (IN YEARS LAST BIRTHDAY IF UNDER 24 HRS YEAR DAYS tomale White. 74. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY New York Montgomeru WIDOWED DIVORCED | 10 GITY OR TOWN/OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY HOMEMAKER USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13. STREET ADDRESS 134. INSIDE CITY LIMITS? Maruland Montgomery Silver Spring 11550 Stewart Lane. NO [#309 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST ALIDDA F FIRST MIDDLE Max Rottenberg Goldberg Anna 166 SOCIAL SECURITY NO ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) I LIE YES, GIVE WAR OR DATES! Alvin W. Paul Same as No. 13 052-14-3181 APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate to), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 19 53 22a.1 certify that (I) (this hospital) attended the deceased from, My 20 . 19 79 , and that in (my) (our) opinion death argumed and be slate and hour and from the couses stated sow the decepsed alive on. above, (1) (we) (did) (did not) New the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED M. D. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS hould b 23e BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY King David Memorial Garden Falls Church, Virginia Burial 7/23/1979 24 FUNERAL DIRECTOR Donald M. Stein Hebrew Memorial F. H. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SSIGNATURE DHMH-16 20M (VRA 15, 4) 7/78 Washington, D. C Carroll Street N. W

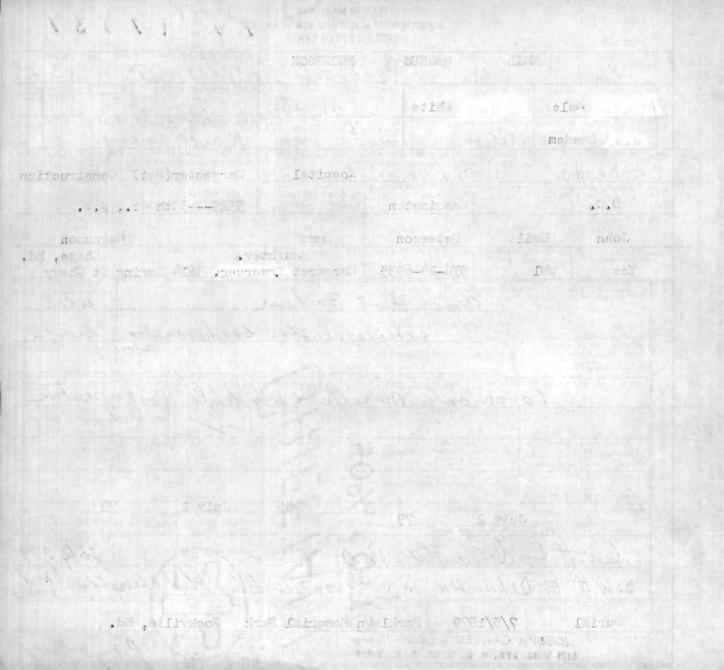




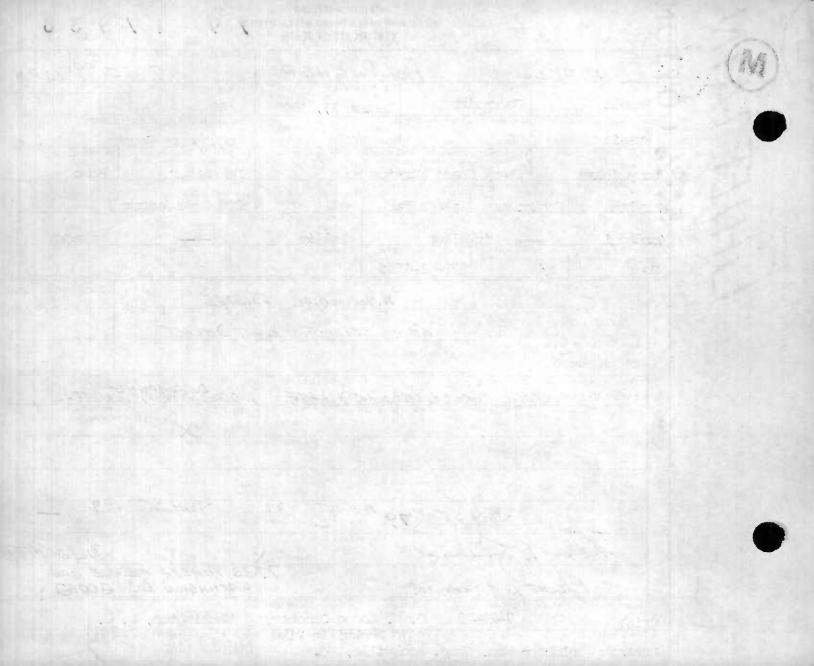
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| BAFI PAGE | 23a. B | URIAL, CREMATION, REMOVAL | | 131. NAME OF CEMETERY C | | 23d. LOCATION | | COUNTY | STATE |
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STATE OF MARYLAND



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| DHMH - 16 50M 7/77 (VR A 15 (4)) | 24 F | INERAL DIRECTOR NAME nzansky-Goldbe | | | ckville Pike | AUGO 2 1979 | B. REGISTRAR'S SIGNAT | 186 Brooks |





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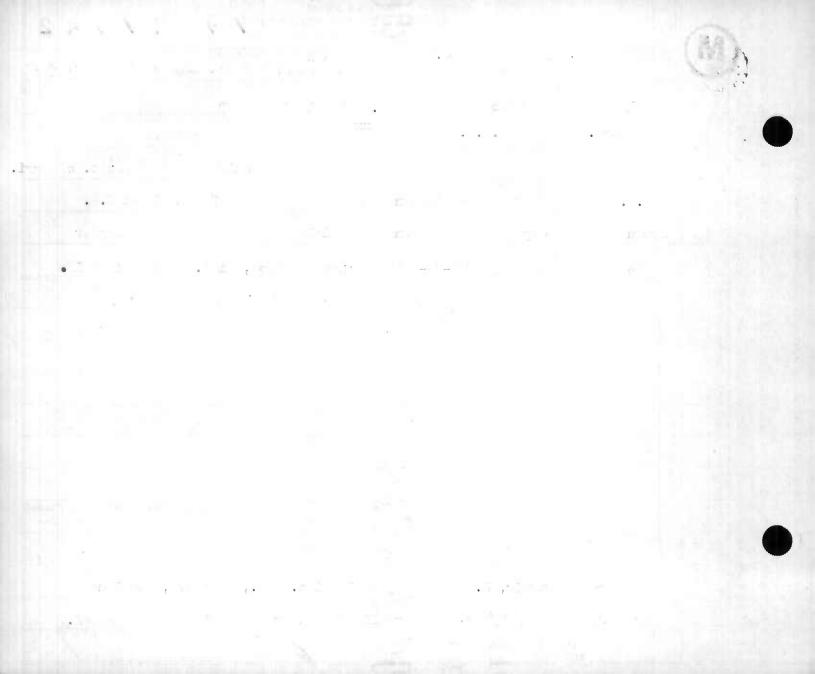
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| | CEASED NAME | FIRST | MIDDLE | | LAST | 2a. DATE | KNOWN A MO | ONIH DAY YEA | 76 ноц |
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| | RTHPLACE (STATE OR DREIGN COUNTRY) | 7b. CITIZ | N OF WHAT COUNTRY | ? 8. MARRI | ED NEVER MARRIE | 9. BALTIM | ORE CITY OR CO | ONTY OF DEATH | × |
| | shington, | D.C. | U. S. A. | WIDOW | | | rento | 20mer | V MD |
| 10. CI | TY OR TOWN OF DEAT | | OF HOSPITAL, NURSIN | IG HOME, OR OTH | ER INSTITUTION | 126 USUAL OCCUP | | ORK 12b. KIND OF OR IND | BUSINESS |
| U | 26.5pg | 8 | P75 M2 | y 41000 | LANC | None | All Country | | |
| | TATE IN THE | SING HOME OR OTHER INST | TITUTION, GIVE RESIDENCE BEFORE | | 13d INSIDE CITY LIMITS? | 13e. STREEJ ADDRE | SS | | 1 |
| | md' | Mon | 4 131 CTY 08 | Seci | YES NO | | MIZ | W/08. d | que |
| 14. F7 | THER'S NAME | MIDDLE | LAST | 01 | 15. MOTHER'S MAIDEN | NAME | IDDLE | LAST | |
| | Warren | W. | Porter | | Celeste | | 7 | Bove | |
| 16a. V | VAS DECEASED EVER I | NU.S. ARMED FORCE | (5) | SECURITY NO. | 17. INFORMANT | | ADDRESS | | |
| | No | | 577-98 | 3-1272 | Warren W. | Porter, | Father | SAA | |
| | 18. CAUSE OF DEATH | (Enter anly ane caus | se per line for (a), (b), and | d (c).) | , | 1 | , | | ATE INTERVAL |
| | PART I DEATH WA | AS CAUSED BY: | | | 1 | 1 | _ | | |
| | 1.1111 | IMMEDIATE CAUSE | (a) RES | DIV 3 | LOYY ~ | yvverz | | | |
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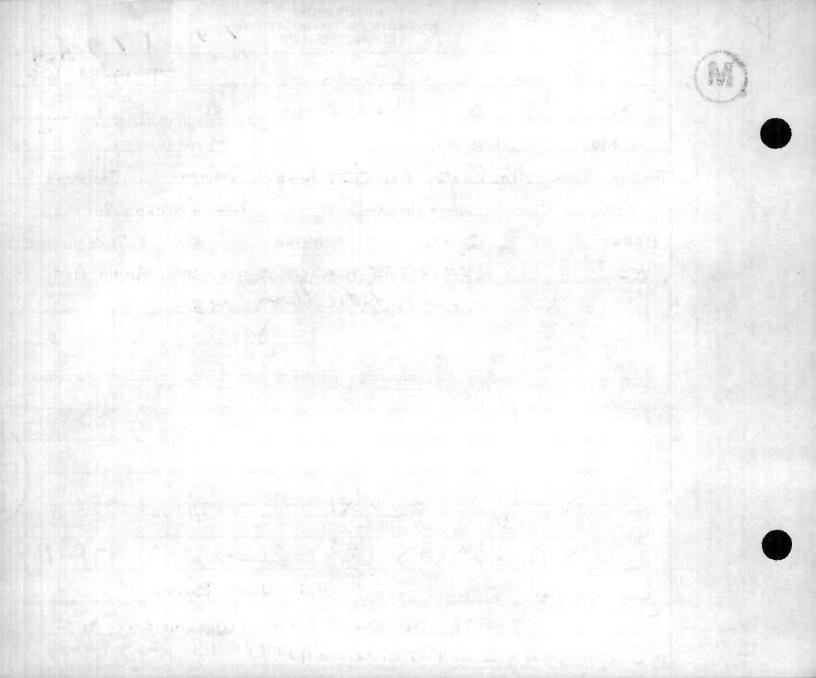
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| | | 1 | STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL H | REG. NO.: | 9 4 3 |
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| 4 | | 3. SE | Female | 4 RACE WHI | TE (CAUCASIAN | | ne 9° 18°9°5 | 6 AGE (IN YEARS LAST BIRTHDAY) YRS. | IF UNDER I YEAR IF UNDER 24 HRS |
| eoth. Po | 59 | 7a. B | IRTHPLACE (STATE OR FOREIGN OUNTRY) Michigan | 76 CITIZEN OF | WHAT COUNTRY? | MARRIE WIDOWE | V | 9 BALTIMORE CITY OR COUNTY | |
| to other of by the fu | 90 | 10 C | LUCE SORINK | | HOSPITAL, NURSIN | | R OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII HOUSewife | 126 KIND OF BUSINESS OR |
| ARYLAND 2120 Within 24 hours pletely filled in by nd 2 should be file | 35 | USU 13a. | AL RESIDENCE (Fruitsing How STATE Nation 1 | THU I Y | GIVE RESIDENCE BEFORE 136 CITY OR TOW Hyatts | N | 13d. INSIDE CITY LIMITS? | 4300 Van Bure | en St. |
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| BALTIMORE, one he execut ysician and co | 2 | 16a. \ | MAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G | RMED FORCES? | 16b SOCIAL SECU 264 23 | | | ame as above Rimmer (Daughte | er) |
| ST., g ph | or removo | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS IMMEDI | ATE CAUSE (0) | RESPIL | Links | INFECTION | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Y DAYS |
| 201 W. PRESTON es that the death canned by the ottendin | cremotian, ather troum | | Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause last. | (b) DUE TO, O | SENILE R AS A CONSEQUE | BRA | IN DIZEASE | | 79A3Y + 1 |
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| low low | news ony ii | CERTIFICATION | 19a DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | IN CERTIF | S, WERE FINDINGS USED PYING CAUSES OF DEATH? |
| DIVISION OF VITAL NG PHYSICIAN: The oftending physicion fifer this certificate h os the buriol-transit for | Item 18 sha | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE | EATH HOUR A. | FINJURY M. MONTH DA M. | Y YEAR | 21c. HOW INJURY OCCU | JRRED (ENTER NATURE OF INJURY IN ITEM 18, F | PART I OR PART 2) |
| DIVISION NG PHY ottendir fter this | ked | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE (AT HOME, STI | OF INJURY REET, FACTORY, OFFICE, F. | | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTENDI spitol or CTOR: A | 21 is m | | 22a. I certify that (I) (this has sow the deceased alive c above, (I) (we) (did) (did | n JUL | 1 22 197 | • | | n death occurred on the date and hau | 19 that (I) (we) lost ond from the couses stated |
| AL OR the he he cetoche | tate Dept. | iiô | 22b. SIGNATURE | 6, 8 | churant | 3 | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 7-22-79 |
| SO NA P | with the State | | DON E | - 2CHM | ARTZ, N | 1.D. | 1200 E | 6 #, W. N. 72 3/F | 3006.7.C, HZAW 80. |
| 3 6 OBP | | | BURIAL, CREMATION, REMOVA SPECIFY) Cremation | 7/24 | | | | ery Brentwood | PG Md. |
| DHMH - 16 50M 1 (VR A 15 (4)) | | 24 F | NAME 11800 Ne | s/Rinal w Hamps | di Fune hire Av | ral l | lome Sprin | ng, MD. | SIGNATURE |



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Granatica 2/24/79 Pt. Tibecia Cametary Brentwood PG - MB.

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anding physicion and completely filled in by the funeral director, carbon papers. Pages 1 and 2 should be filled within 72 hours afti

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detoched for use as the burial-transit permit. Then please remove carbonipape with the State Dept. of Heolth and Mental Hygiene prior to burial, cremation, or remayal

IMPORTANT: If Item 21 is marked or Item 18 shows any

notified of once.

injury, or ather traumatic event, the

STATE OF MARYLAND

DEDADTMENT OF BEALTH AND MENTAL HYCLESS

| 1 - | - STATE REGISTRAR | | | DEFARIN | CERTIF | ICATE OF DEAT | TH | REG. I | 10: | 19 | 4 | 3 |
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| (ITTE | OK PRINT) | Myrt | le | E. | R | EED | | July | 18 | 1979 | 11 | 1:26Pm |
| 3 SE | | | 4 RACE | | S. DATE C | | | 6 AGE (IN YEARS LAST B | RTHOAY) | IF UNDER (| | NDER 24 HRS |
| | Female | | Caucas | lan | Jun | e 1 ¹ 1 18 | 398 | 81 | YR | | DAYS HOL | URS MIN |
| | IRTHPLACE (STATE OR | FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 AA A PRIE | D NEVER MARK | RIED 🗍 | 9 BALTIMORE CITY | OR COUN | ITY OF DEAT | Н | |
| R | hode Islan | | USA | | WIDOWE | | _ 1 | Montgome | ry | | | MD. |
| | ITY OR TOWN OF DE | ATH | | HOSPITAL, NURSING | | OR OTHER INSTITUT | ION | 120 USUAL OCCUPA | OF WORKING | | | ISINESS OR |
| | thesda | 200000000000000000000000000000000000000 | Nationa | Naval M | edica | I Center | | Housewif | Э | | | - |
| 13a. S | AL RESIDENCE (IF NU STATE ryland | Montge | OTHER INSTITUTION | | | 13d. INSIDE CITY L | | 13e STREET ADDRESS | 0500 | ROCKV | ILLE | PIKE |
| | ATHER'S NAME | porry | oller y | SXXXXXXXXX | acing | YES X NO | Transf. | XXXXXXXXXX | STXXXX | XXXXXXX | XX | |
| 14 17 | FIRST | | AIDDLE | LAST | | FIRST | | MIDDLE | | 1 | LAST | |
| | John | | | Sifford | | Anni | е | W. | 7500 | Iris | h | |
| | VAS DECEASED EVE | | WAR OR OATES) | 166 SOCIAL SECU | | 17 INFORMANT | | ADD | KE55 | | | |
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| | 18 CAUSE OF DEA PART I. DEATH | TH Enter on | ly one couse per | line for 1a1, (b), and | 0 12 | | | | | BETV | PROXIMATE VEEN ONSET | AND DEATH |
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| | underlying cous | e lost | ((c) | | | | | | | 17/1/2 | | |
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| OL | | | | | | | | | | | | |
| CERTIFICATION | 19a. DATE OF OPER | ATION | 19b. CONDI | ITION FOR WHICH | OPERATIO | N WAS PERFORME | D | 200 AUTOPSY? | 20b. IF | YES, WERE FI RTIFYING CAL | NDINGS I | USED DEATH? |
| RTIF | | | | | | | | YES NO | | YES | N | o 🔲 |
| | 210. ACCIDENT WAS US OR CONTRIBUTING | The second second | 21b. TIME O | | Y YEAR | 21c. HOW INJURY | OCCURR | ED (ENTER NATURE OF IN | URY IN ITEM | 18, PART I OR PAR | T 2) | |
| CAL | (IF EITHER, NOTIFY MED | | P., | | 19 | | | | | | | |
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| 2 | AT WORK AT W | ORK | | | ,, | | | | | | | |
| | | | | e deceosed from | July | 10 19 | 9_79_ | to | 8 | . 19 79 | , that, | (I) (we) lost |
| | saw the decea | sed plive on . | v the body | often death | , or | nd that in/my) (our) | opinion d | leoth occurred on the | dote and l | hour and from | the couse | es stoted |
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| | YK | MIND | 11. | 21Ma | | | ICIAN | MEDICAL ST. | AFF ICIAN | Ju | lv 19 | 9 1979 |
| | 22d. PHYSICIANS N | AME (TYPEOR | PINT | 1 4 | . ^ | 22e ADDRESS | 71 | | -/- | | | |
| | - AMIE | 11 | LUR | RAL) W | 10 | National | Nava | al_Medical | Cent | er Re | these | da Md |
| 23 o. E | BURIAL, CREMATION | , REMOVAL | 236. DATE | 23c N | AME OF C | EMETERY OR CREM | | 23d. LOCATION | OCITI | | THESE | |
| (| Burial | | 7/23 | 179 A | ling | ton Natio | nal | Arling | ton A | rlings | om 1 | STATE |
| | UNERAL DIRECTOR | | | 500 U | NIV.B | LVD. W | | REC'D. BY REGISTRA | | | | 7 |
| (| Cottins Fu | inera! | Home | Silve | Spr | ing, Md. | JUL | 20 1919 | | / | | |
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DHMH - 16 50M 1/76

Burial
24 FUNERAL DIRECTOR Collins Funeral Home (VR A 15 (4))



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DEPARTMENT OF HEALTH AND MENTAL HYGIENEY

FOR

- STATE

Late Charles of Market Applications and Savidad Park Savidad Park deplication for the large within

| | _ | 1. | FOR • STATE REGISTRAR | | DEPARTM | ENT OF HEA | F MARYLAND LTH AND MENTAL ATE OF DEATH | HYGIENE | 9 REG. NO | 1 7 | 9 4 | 7 |
|----------------------------|--|---------------|---|---------------------------------|--|--------------|--|---------------|---|-------------------|------------------------------|---------------------------------|
| 2 | (M) | {TYP(| | ARD | G | - | HARDS | | TE OF DEATH | MONTH DA | 79 | 26 HOUR A |
| 09e 4 m | irector iurs of | 3. SE | MALE | | ASIAN | 5. DATE OF E | DAY YEAR 29 | 12 | 62 | YRS | | HOURS MIN |
| leoth. P | within 72 ho | | OUNTRY) WASH DC | 16. CITIZEN OF | WHAT COUNTRY? | MARRIED (| NEVER MARRIED | | MON MON | TGO! | - 1 | MD. |
| rs ofter d | the state of 10 | R | ockville | (IE NOCOR! | HOSPITAL, NURSIN | රයි Nu | rsing Ho | me (TYPE O | ual occupati f work for most o chant- | F WORKING LIFE) | INDUSTRY | BUSINESS OR |
| n 24 hou | should be f | D 130. | AL RESIDENCE IF NURSING HOME OF STATE National Courses National | R OTHER INSTITUTIO NTY | N GIVE RESIDENCE BEFORE 131 CITY OR TOWN Washing | ton 13 | I INSIDE CITY LIMIT | 14 | 15 Jam | es Cre | | . W. arkway |
| ted with | ond 2 | | Edward | MIDDLE | Richard | s | MOTHER'S MAIDEN | | ~ MIDDLE | | Ebert | |
| ote be execu | rs. Poges I | 160 | NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV YES WW | RMED FORCES? E WAR OR DATES) | 578 12 | | Emma Wit | czak | 6717 M Mornin | arian | ne Dr | |
| that the death certificate | by the ottending physics are remove carbonpapes, cremotion, ar removal, other traumatic event, the | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. | DUE TO, (b)_ | DR AS A CONSEQUE | NCE OF | 2 lu | nej | | 3.0 | APPROXIMA BEFOREN OF | NATE INTERVAL NASE AND DEATH |
| equires | n signed Then pli r to burn injury, o | NOI | PART 2. OTHER SIGNIFICANT | CONDITIONS C | CONTRIBUTING TO D | EATH BUT NO | T RELATED TO THE | TERMINAL DI | SEASE OR CON | DITION GIVEN | N IN PART I(a) | |
| The low | ote has been nsit permit. | CERTIFICATION | 19a DATE OF OPERATION | 19b. CONI | DITION FOR WHICH | OPERATION V | VAS PERFORMED | 20a YES | AUTOPSY? | | WERE FINDING ING CAUSES O | |
| YSICIAN: | s certificate h buriol-tronsit p Mental Hygier r Item 18 shov | MEDICAL CE | 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [OR CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | ATH HOUR A | OF INJURY A.M. MONTH DA P.M. E OF INJURY | Y YEAR | I. LOCATION | CURRED IEN | TER NATURE OF INJUR | Y IN ITEM 18, PAR | T 1 OR PART 2) | |
| DIVISION OF | After this e as the bolth and A | ME | WHILE AT WORK AT WORK 220.1 certify that (I) (this hosp | I AT HOME, S | TREET, FACTORY, OFFICE, FA | | STREET | 2 | CITY OR TOW | /N | COUNTY | STATE |
| ATTEN | DIRECTOR: ached for usi Dept. of Hea f from 21 is r | | saw the deceased alive abave, (1) (we) (did) (did no | | | , and t | hot in (my) (our) api | nian deoth ac | corred on the do | ate and haur o | and from the co | |
| So i | at DIR | 18 | Muhou | , 2 | delik | 111) | | NG A MEDI | CAL STAF | F | 7/7 | 179 |

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

Funeral Home

22d., PHYSICIAN'S NAME (TYPE, OR PRINT)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

E Wilhelm

7-11-79

23c. NAME OF CEMETERY OR CREMATORY Arlington Natl.

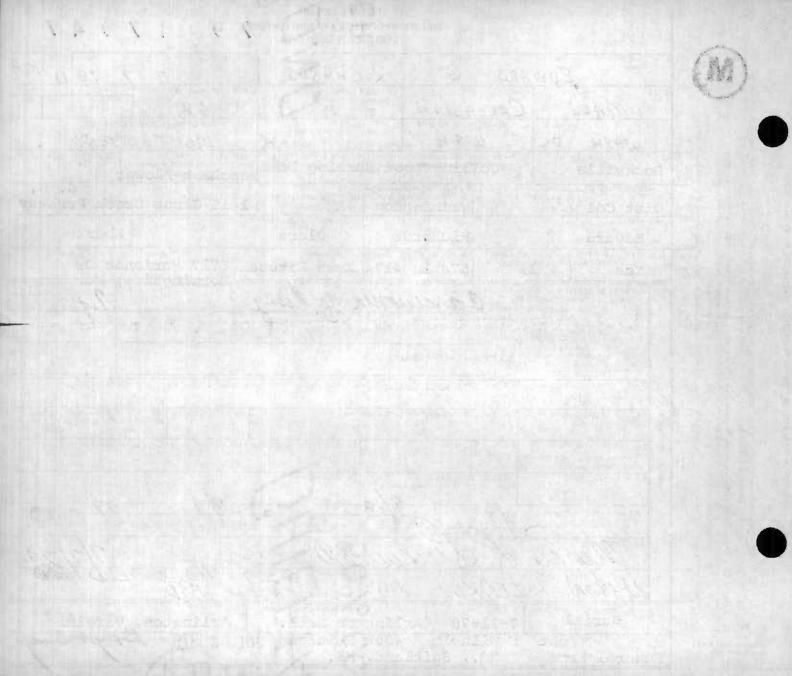
22e ADDRESS

Arlington, Virginia

24 FUNERAL DIRECTOR Robt Rd., Suitland, Md.

23b. DATE

4308 Suitland DATING DIBY EQUIPE 250. REGISTERS SIGNATURE



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or other troumotic

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morked or Item 18

MPORTANT: If He

(SPECIFY)

FOR - STATE

| FOR STATE REGISTRAR | DEPARTA | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENT 9 7 | 9 4 8 |
|-----------------------------------|--|---|--------------------------------|---------------------------------|
| EASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| Joseph | m. | Kichards | July 28, 197 | 79 25/AM |
| U | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR IF UNDER 24 HRS |
| Ale | Caucasian | Sept. 20. 1896 | 82 YRS | MONTHS DAYS HOURS MIN |
| THPLACE (STATE OR FOREIGN LINTRY) | 16 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE GITY OR COUNTY | OF DEATH |
| insylvania | U. S. A. | WIDOWED DIVORCED | montgomery | County, MD. |
| Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| loma Park | Washing ton | Aventist Hospital | Carpenter | Construction |
| RESIDENCE (IF NURSING HOME ATE | OR OTHER INSTITUTION, GIVE A SIDENCE BEFORE JNTY 136, & ITY OR TOW | | 13e STREET ADDRESS | |
| | itg. Silver | | 8712 Colesvi | 11e Road |
| HER'S NAME | - | 15 MOTHER'S MAIDEN N | AME | |
| FIRST | AN IDIDITE LAST | EIDET | ALIDIDLE | 1.467 |

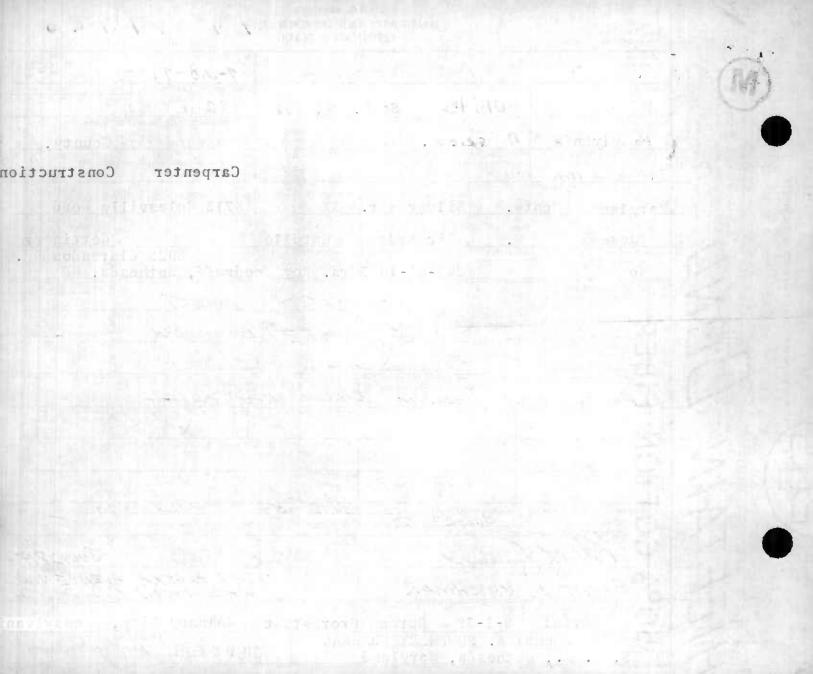
DECEASED NAM TYPE OR PRINT BIRTHPLACE COUNTRY) ennsy1 CITY OR TOWN 10Koma Pa USUAL RESIDENC Marylan 14 FATHER'S NAM Richards Gettinger Joseph 60. WAS DECEASED EVER IN U.S. ARMED FORCEST AB923 Clarendon Rd. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 205-07-1023Mrs. Roy Woodruff, Bethesda, MD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE al Conditions, if ony, which gave rise to immediate couse (o), stating PHYSEM ANUS. BLER underlying couse ASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS

RICHMAR 230 BURIAL CREMATION, REMOVAL 23h DATE

236, NAME OF CEMETERY OR CREMATORY German Protestant 23d. LOCATION
CITYOR TOWN
Mahanoy STATE

Burial 24 FUNERAL DIRECTOR FUNERAL Bethesda, Maryland HOMES

DHMH - 16 50M 1/76 (VR A 15 (4))



| 1 | - | FOR STATE REGISTRAR |
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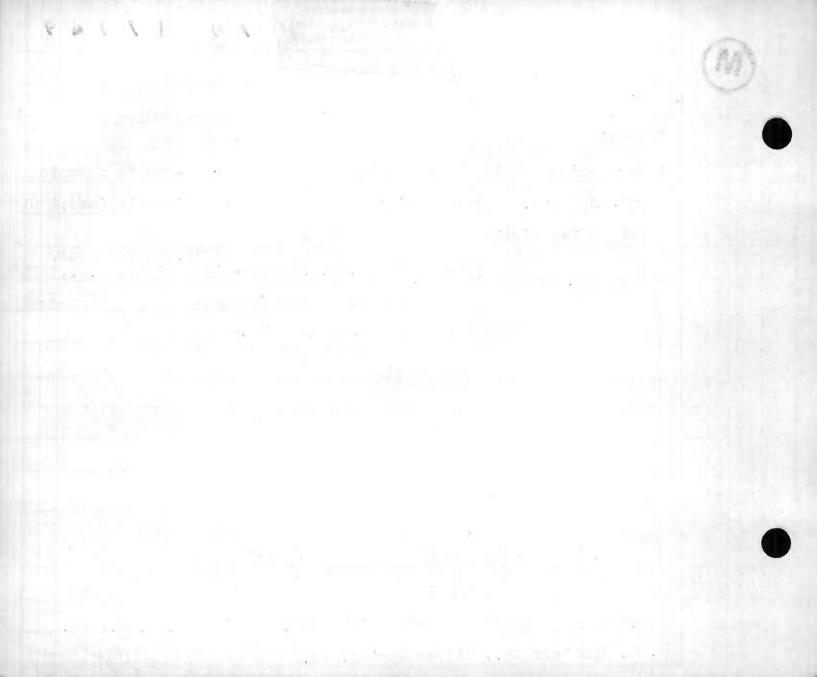
| 1 | - STATE REGISTRAR | DEPART | CERTIFICATE OF DEATH | REG. N | 1/949 | | |
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| 1. DE | ECEASED NAME FIRST | Wille E. | Rich ter- | | MONTH DAY YEAR 26 HOUR 7 4 79 1130/1 | | |
| 3. SE | | 4 RACE | S. DATE OF BIRTH | & AGE (IN YEARS LAST BIR | | | |
| | Female | Caucasian | March 15.1899 | 80 | MONTHS DAYS HOURS MIN | | |
| 7s. B | SIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY C | OR COUNTY OF DEATH | | |
| M | issouri | USA | WIDOWED DIVORCED | Montgo | mery | | |
| - | ilver Spring | (IF NOT IN SUCH FACILITY, GIVE STREET | NG HOME OR OTHER INSTITUTION ADDRESS) HOSpital | 12a USUAL OCCUPATION OF OF WORK FOR MOST OF TEACHER | OF WORKING LIFE) INDUSTRY | | |
| 13a. | JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUI Maryland Mor | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 11. Silver Sp | | 8505 Spr | ingvale Road,209 | | |
| 14. F. | Robert Lee | Sivils (AST | Is MOTHER'S MAIDEN NA Jennie | WIDDLE | Eby | | |
| 160. | (YES, GIV (YES, GIV (IF YES, GIV | /E WAR OR DATES) | JRITY NO. 17 INFORMANT 9934 O. F. Rich | ll 58 | Hollow Road, | | |
| CERTIFICATION | PART 2 OTHER SIGNIFICANT (| | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CON | 206. IF YES, WERE FINDINGS USED | | |
| TIFIC | | | | YES NO | IN CERTIFYING CAUSES OF DEATH? | | |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- | ~1111 | AY YEAR 19 | RED (ENTER NATURE OF INJUI | RY IN ITEM 18, PART I OR PART 2) | | |
| MEDICAL | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | CITY OR TOWN COUNTY STATE | | | | |
| | 22e I certify that (I) (thus haspiral) attended the deceased from | | | | | | |
| - | 226 SIGNATUR | pre lud. | DEGREE ATTENDING PHYSICIAN [220 ADDRESS D.] ? | MEDICAL STA | | | |
| 1 | The Cold | (-10 | The Address of 5 | (AMIGN | 10 M 121. | | |
| \perp | NASSA | GEIGER. M.V. | SILVER | PRING | · U.S. 29910 | | |

DHMH-16 20M (VRA 15, 4) 7/7B

should be detoched for use os with the State Dept of Health TO FUNERAL DIRECTOR

MPORTANT: If he

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE W. NAME Chambers Co., Silver Spring. JUL 1 2 1979



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME ESTI-10 79 14 DEATH MATED Rielley NANCY 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 4. RACE 14:00 2c. DATE JECES ... LAST BIRTHDAY) PRONOUNCED 1953 25 YRS Aug. 30 DEAD 1979 white female In BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED X Washington, D. C. U.S.A. DIVORCED Montgomery County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Patrol Officer Police Rockville 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY Montg. Rockville No □ 170 Talbott Street 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Walter Rielley Maureen McDonald 7. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Rielley Rye le, Maryland Walter J Rie Dawsonville, DIVISION Lea Farm No Not Avail. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gunshot wound of head (handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 1 NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 0 self-inflicted 13,0 79 21f. LOCATION 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE AT WORK home Rockville, Maryland 170 Talbot St. EXECUTE THE CERTIFICATE, PAGE 4. SHOULD BE FORV TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21' 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion Undetermined monner TITLE (SPECIFY) 7/15/79 Assistant_MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. ADDRESS 111 Penn Street Baltimore. Md. 23d. LOCATION Va. CREMATION 7-16-79 Metropolitan Crem 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral **DHMH-17** (VR A15 ME (5) Homes, P.A., Bethesda, Md. 15M 7/76

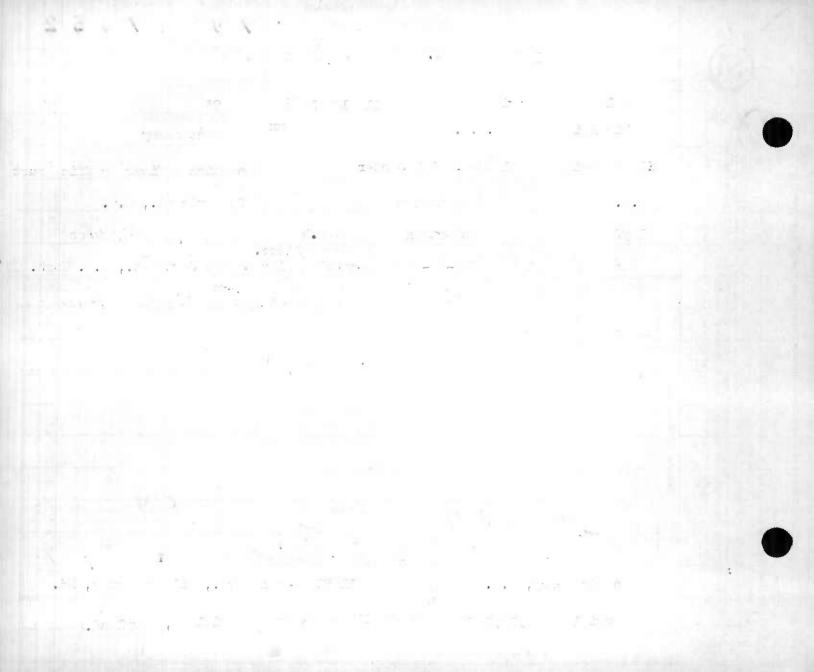
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| | 1 | FOR | DEDADYA | | MARYLAND TH AND MENTAL HYG | regio ess | 1 ~ | - | |
|----------------------------------|---------------------|---|--|----------------------|--|--|----------------------|--------------------------------|-------------------------|
| | 1. | STATE REGISTRAR | DEFARIN | | TE OF DEATH | 1 7 | 1/ | A 5 | |
| | | CEASED NAME FIRST | MIDDLE | LAST | | REG. N 20 DATE OF DEATH | | DAY YEAR | 2b. HOUR |
| | (TYPE | E OR PRINT) MARY | p | ROACH | | | 7 | 2 79 | 8:00P M |
| | 3. SE | | 4. RACE | 5. DATE OF BI | | 6. AGE (IN YEARS LAST BIRT | (HDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| | I | Female | Cauc. | Apr. | 20° 19°09 | 70 | YRS. | MONTHS DAYS | HOURS MIN |
| Jonce. | 70. B | IRTHPLACE ISTATE OR FOREIGN DUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | MARRIED WIDOWED 16 | NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY | OF DEATH | |
| notified o | В | ETHESDA | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A SUBURBAN HOSP | G HOME OR O | | 17a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemake | ON F WORKING LIFE | 12b. KIND O INDUSTRY Hon | MD. PF BUSINESS OR ne |
| S/most be | USU 130 S F] | AL RESIDENCE I IF NURSING HOME OR STATE | Beach Lake W | . 4 | INSIDE CITY LIMITS? | 13e. STREET ADDRESS 2615 Gard | den D | rive | |
| exomine | 1. | ather's Name ndrew | Purce1 | 1 | MOTHER'S MAIDEN NAM Ruth | MIODLE | 7 | Evans | J |
| medicol | 16a. V | WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIVE NO | MED FORCES? 166 SOCIAL SECUI E WAR OR DATES) 331–18–6. | 19 | herra M. 1 120 Lavend | Ford ADDRE | | town, | Md. |
| ony injury, or other troumatic e | CERTIFICATION | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D | NCE OF DEATH BUT NOT | hick P- geties reg RELATED TO THE TERM | Gables 20 INAL DISEASE OR CONI 1200, AUTOPSY? | 206. IF YES. | . WERE FINDIN | NGS USED |
| Swo / | RTIFIC | 71g. ACCIDENT WAS UNDERLYING | 7 216 TIME OF INJURY | | | YES NO NO | YES | | OF DEATH? |
| r Item 18 sh | MEDICAL CE | OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) | 1 110110 1 11 11011711 - | Y YEAR | HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18, PA | ART 1 OR PART 2) | |
| morked o | ME | WHILE NOT WHILE | (AT HOME, STREET, FACTORY, OFFICE, FA | ARM, ETC.) | STREET | CITY OR TOW | /N | COUNTY | STATE |
| If Hem 21 is | | 220. Lectify that (I) (this hospital) attended the deceased from 19 7, to 7/2, 19 29, that (I) (we) los sow the deceased alive an obove, (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | | | | | | | |
| MPORTANT | | ECBA J. | MARTINEZ , 1 | u D. | 8808 HID | Den Hive | LAN | E-18 | TOHALL MD. |
| 2 | | BURIAL, CREMATION REMOVAL SPECIFY) BURIAL | 7-7-79 Woo | odlawn | Cemetery | 23d. LOCATION CITY OF TOWN Lake Wol | rth | COUNTY | STATE F1a |
| 7 | 24 F | UNERAL DIRECTOR Rober NAME Homes, P | t A. Pumphrey .A. Rockville, | Funera Md. | a.1 | REC'D. BY REGISTRAR 1111 1 1 1979 | 25b. REGUSP | RAPS SIGNAT | Bready |

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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| 1 | FOR STATE REGISTRAR | | STATE OF MARYLAND NT OF HEALTH AND MENTAL HY(CERTIFICATE OF DEATH | GIENEY 9 | 17952 |
|---|--|--|---|---|---|
| | ECEASED NAME FIRST RENE | TRENE MIDDLE S. | ROBERTSON | REG. NO. | 7 8 79 430 AM |
| 3. SI | Female | 15.11 | April 15 1886 | 6. AGE (IN YEARS LAST BIRTHD) | AY) IF UNDER LYEAR IN UNDER 24 HRS. MONTHS DAYS HOURS MIN YRS. |
| 70. 5 | SIRTHPLACE ISTATE OR FOREIGN COUNTRY) Virginia | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | Montgor Montgor | |
| 4 /1/ | Silver Spring | 11. NAME OF HOSPITAL, NURSING LE NOT IN SUCH FACILITY, GIVESTREET AD BEL Pre Health | HOME OR OTHER INSTITUTION PESS) enter | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Probation O | |
| 134 | D.C. | or other institution, give residence before at NTY 13c. CITY OR TOWN Washingto | 13d. INSIDE CITY, LIMITS? | 3604 Davis | St., N.W. |
| 14 F | ATHER'S NAME FIRST FLOYd | Robertson | 15. MOTHER'S MAIDEN NA FRIST Sarah | | Chambers |
| event, the medical | WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) I IF YES, GN | rmed forces? 166 social securi VE WAR OR DATES) 578-66-60 | 11200 | e. ADDRESS | ~ |
| | gave rise to immediate | | | | |
| ony injury, or other troumotic | couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION | DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE | ATH BUT NOT RELATED TO THE TERA | 20a AUTOPSY? | Ob. IF YES, WERE FINDINGS USED |
| 18 shows ony CERTIFICAT | PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | CONDITIONS CONTRIBUTING TO DE. 196 CONDITION FOR WHICH OF THE CONDITION FO | PERATION WAS PERFORMED 216 HOW INJURY OCCUR | 20a AUTOPSY? | OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? |
| Hem 18 shows ony | PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE | CONDITIONS CONTRIBUTING TO DE. 196 CONDITION FOR WHICH OF THE CONDITION FO | PERATION WAS PERFORMED YEAR 19 216 HOW INJURY OCCUR | 20a AUTOPSY? 7 | Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO |
| H hem 21 is morked or hem 18 shows ony H hem 21 is morked or hem 18 shows ony MEDICAL CERTIFICATI | PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE HITER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 21d. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE OF THE PHYSICIAN'S NAME (TYPE OF THE PHYSICIAN'S NAME (TYPE OF THE PART OF THE OF | CONDITIONS CONTRIBUTING TO DE. 196 CONDITION FOR WHICH OF THE CONDITION OF TH | PERATION WAS PERFORMED YEAR 19 A, ETC.) 216 HOW INJURY OCCUR 19 ond that in (my) (purilippinion DEGREE ATTENDING PHYSICIAN (1200 ADDRESS) | 280 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN death occurred on the date DIRECTOR PHYSICIA | COUNTY STATE COUNTY STATE 122. DATE SIGNED |
| IMPORTANT: If them 21 is morked or them 18 shows ony MEDICAL CERTIFICATI | PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTHEY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 21 SERVING THE CONTRIBUTION OF CONTR | CONDITIONS CONTRIBUTING TO DE. 196 CONDITION FOR WHICH OF THE CONDITION FOR THE CONDITION OF THE COND | PERATION WAS PERFORMED YEAR 19 A.EIC) 211 LOCATION STREET A.EIC) 212 LOCATION STREET ATTENDING PHYSICIAN 213 ADDRESS 11602 Georg ME OF CEMETERY OR CREMATORY AT Hill Cemetery | 280 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN death occurred on the date Director Physicia Veo, Sil 1384 LOCATION | OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO NITEM 1B, PART 1 OR PART 2) COUNTY STATE That (I) we los and hour and from the couses stated |



DHMH - 16 50M 1/76

(VR A 15 (4))

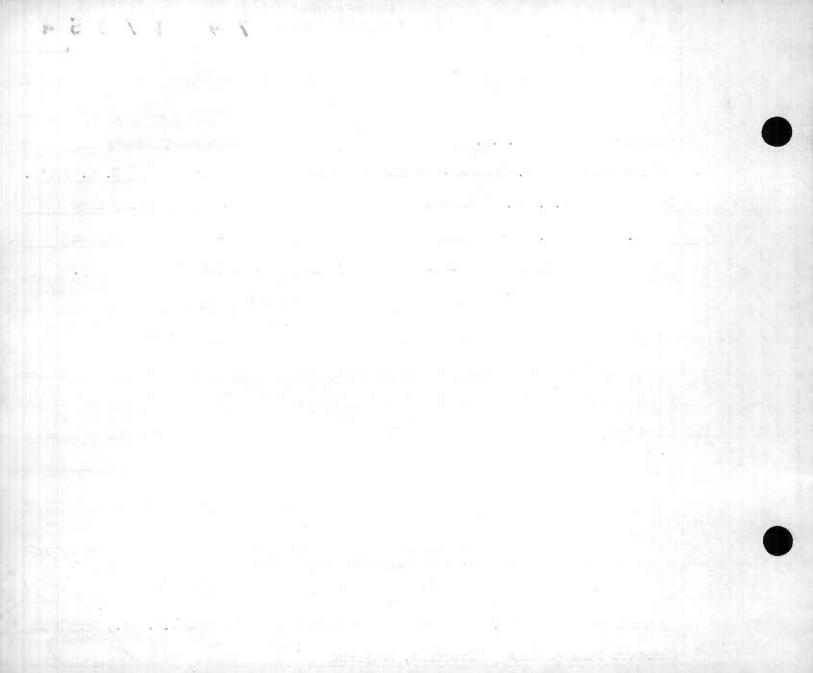
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEVE CERTIFICATE OF DEATH

9 1 7 9 5 3

| | | CEASED NAME | FIRST | MIDDLE | AST | 20 DATE OF DEATH MON | NTH DAY YEAR 26 HOUR |
|-----|---------------|--|-----------------------------|---|---|-------------------------------|--|
| Îm | (TYPE | OR PRINT) F S + | her Hu | nter Rob | inson | - | 1879 JA. |
| | 3. SE | | 4 RACE | 5. DATE O | F BIRTH | & AGE (IN YEARS LAST BIRTHDAY | |
| | | FEMALE | - NH | TE MA | 1 .1 10000 | 82 | MONTHS DAYS HOURS MIN |
| | | RTHPLACE (STATE OR F | OREIGN 76 CITIZEN OF | WHAT COUNTRY? 8 | | BALTIMORE CITY OR C | |
| 47 | V | VA SHINGTUN. | D.C. U. : | S. A WIDOWE | DIVORCED I | MGN | TERMELY MD. |
| | 10 CI | TY OR TOWN OF DEA | | HOSPITAL, NURSING HOME O | | 12a. USUAL OCCUPATION | 126 KIND OF BUSINESS OR |
| 71 | TA | KOUA PAKI | C WASHI | NGTON HOVENTO | 57 HOSPITAL | HOUBMAK | |
| 25 | 130 5 | TATE | 136 COUNTY MENT | GIVE RESIDENCE BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | Tideas |
| - | | THER'S NAME | MICHI. | TAKONA VACIC | YES NO NO NAME NAME NAME NAME NAME NAME NAME NAME | 14KOMA | 76HERS |
| 153 | (it | LLOYD | MIDDLE | JOHNSON | MARY | MIDDLE | BRAGE. |
| 1 | | ES, NO OPONKNOWN) | IN U.S. ARMED FORCES? | 166 SOCIAL SECURITY NO. | 17 INFORMANT | ADDRESS | JR. |
| | | NY | | N/1 | GEURGE A. | RQBINSON, | ,334 Scott DR. |
| | | | H :Enter only one couse per | line for 9 th and ic - | 1 | 2 | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | PART L DEATH W | MMEDIATE CAUSE (a) | Sespiva | My ane | st | |
| | | 5742 | DUE TO O | R AS A CONSEQUENCE OF A | -1 01 | 117 | A |
| | | Conditions, if any, | | aspirale | M 240 | neen conce | nff |
| | | gave rise to imr | ng the DUFTO O | R AS A CONSEQUENCE OF | , , | 01 1 | |
| , | | underlying couse | lost | 4-181 | eosery- | - STRENT | en DO |
| | _ | PART 2. OFHER SIGN | VIFICANT CONDITIONS CO | ONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE OR CONDIL | GIVEN IN PART 10 |
| | CERTIFICATION | Rie 10 | cont S | Mally | 0 | | |
| | ICA | 190 DATE OF OPERA | TION 196. COND | ITION OF WHICH OFFRATION | WAS PERFORMED | | b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? |
| | RTIF | 11712 | 9 (100 | lelelles | ses | YES NO | YES NO |
| 0. | 15.55 CL | 210. ACCIDENT WAS UNE | | FINJURY M. MONTH DAY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN | ITEM 18, PART 1 OR PART 2} |
| 0- | CAL | (IF EITHER, NOTIFY MEDIC | ALEXAMINER) P. | | | | |
| | MEDIC | 214 INJURY OCCUR! | LAT HOUSE STE | OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | | AT WORK D HOT WE | RC LI | | | 11 | |
| - | 2 | The second of the second of the second | (this hospital) attended th | 176 | 19.19 | _, to7/8 | |
| | | | did did ngt view the body | ofter death. | d that in (my) (our) opinion d | eath occurred on the date of | and hour and from the couses stated |
| | | 776 SIGNATURE | 1112 | | ATTENDING | MEDICAL STAFF | 221. DATE SIGNED |
| | | 11/ | LANK | ran) | PHYSICIAN P | DIRECTOR PHYSICIAN | 0 7/9/74 |
| 1 | | 22d. PHYSICIAN'S NA | AME (TYPE OR PRINT) | , | 22e. ADDRESS | | 1 |
| - | | 1125 | SYOU | n | - Mriedos | | |
| - | 23a. B | URIAL, CREMATION, | REMOVAL 236 DATE | 23t. NAME OF CE | METERY OR CREMATORY | 23d. LOCATION | COUNTY STATE |
| | | Creproler | July 10 | 1979 It ben | color Cremates | | |
| | 24 FL | INERAL DIRECTOR | 00 | ADDRESS CLO | 250 DATE | 1 1 9 1070 | REGIS RAR'S SIGNATURE |
| 4 | 0 | Rome June | ENHONE JUS | Walles 259 CW | Weller J | 0 L 1 % 13/3 | |

CONTRACTOR OF THE PROPERTY OF THE PARTY OF T THE REAL PROPERTY AND ASSESSED FOR THE STATE OF THE PARTY MAD NOT STANK FOOD IN TERMS THESE TOUR STORE A ROOMEN STATE AND Carolin Super 177 Higheren an way was senter 1820 The Board of the Control of the Cont



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2n DATE OF DEATH DECEASED NAME (TYPE OR PRINT) WILLIAM REDCE ROOF 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE IN YEARS LAS DAYS MAY 4. 1906 73 WHITE MALE TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED SOUTH CAROLINA U.S.A. MONTGOMERY WIDOWED DIVORCED [18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12R ISPILIPEDUPATION 12b. KIND OF BUSINESS OR INDUSTRY ADVENTIST HOSPITAL FOREIGN SERVICE PAKOMA PARK U.S. GOVERMENT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 13a. STATE CROFTON 13d INSIDE CITY LIMITS? 1711 TRURO ROAD PRINCE GEO. MARYLAND YESM. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LELON MIDDLE CAMPBELLASI ROOF HENRY ADDRESS 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as #13 (Daughter) 577 60 5081 Sylvia Marshall APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), 16 ENEUMONIA PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Thenoselenosis Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CODENTE CERTIFICATION cell -20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21h TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL Burial

23b. DATE

obove, (1) (we) (did) (did not) view the body after death

sow the deceased alive on.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

PHYSICIAN A 22e ADDRESS

Ft. Lincoln Cemetery

DEGREE

, and that in (my) (our) apinion death occurred on the

ATTENDING

STAFF DIRECTOR PHYSICIAN

Brentwood

MEDICAL

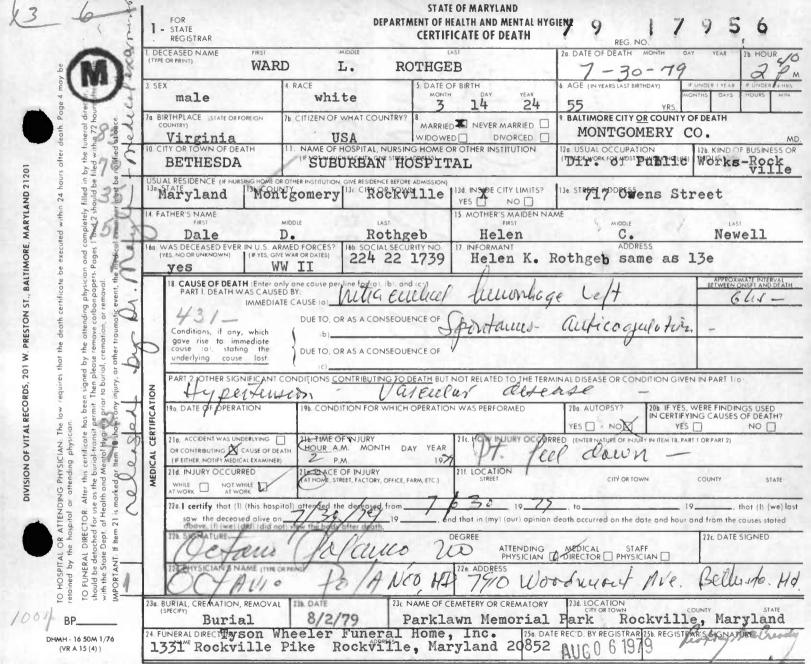
Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

7/30/79

250 DATH REG DIST REGISTRAD 256. REGISTRARIS SIGNATURE

Md .

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

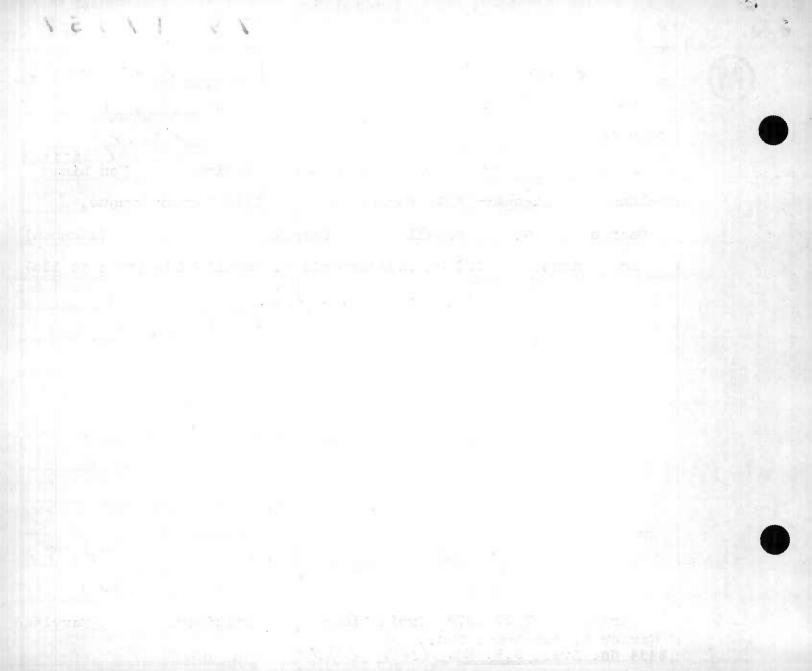


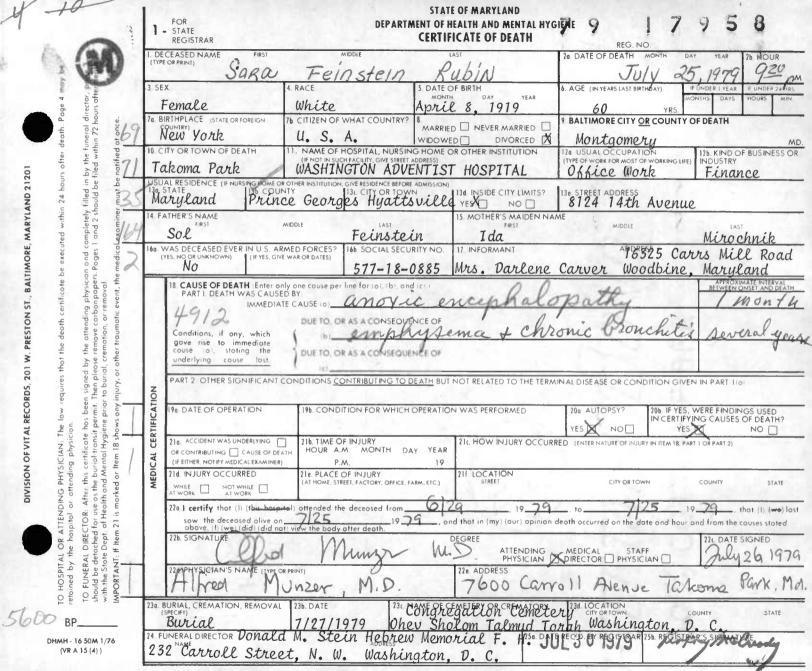
die of histo orks.

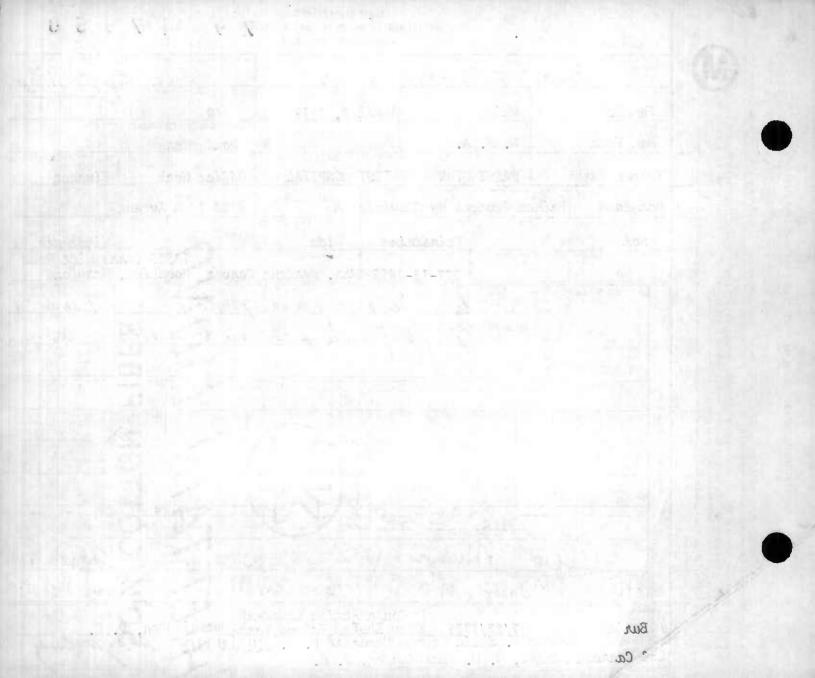
Tale of the state off an end of took . A model lott of Asse Triber

Professional Art Entrant Profession Consults Con

| | | | | STAT | E OF MARYLAND | | | 1 |
|---|---------------|--|---|----------------------------|-------------------------------|--|--|---|
| | 1. | FOR STATE REGISTRAR | DE | | EALTH AND MENTAL HYG | REG. NO. | 795 | 17 |
| . 43 | | CEASED NAME FIRST | MIDDLE | | AST | 20 DATE OF DEATH MONTH | | 2h HOUR |
| 3 | | GEORG | | Kou | Ell | 7 | 25 79 | 630 M |
| 9 | 3 SE | male | white | Jan. | DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | HOURS MIN |
| é | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COU | NITDV2 1 | NEVER MARRIED | BALTIMORE CITY OR COL | INTY OF DEATH | |
| ot on | G | eorgia | USA | WIDOWE | | MONTED. | mery | MD. |
| ofified | 10 C | VER SORINA | 11. NAME OF HOSPITAL, N | | FOS OF TO | 17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Retired | NG LIFE) 121/KIND OF INDUSTRY A | Tied ines |
| 925 | USU 13o. | AL RESIDENCE (IF NURSING HOME TATE 136 COL | OR OTHER INSTITUTION GIVE RESIDENCE | E BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? | 130 STREET ADDRESS | 0.1. 22 | |
| E M | ar | yland Mon | tgomery Sil | . Sprin | GYES X NO | 2604 Parker | Avenue, | |
| owine o | 14. F/ | THER'S NAME FIRST | MIDDLE | | 15. MOTHER'S MAIDEN NA | MIDDLE | A LAST | |
| O - | 16a \ | George VAS DECEASED EVER IN U.S. A | W. ROW | ETT SECURITY NO. | Carrilu | ADDRESS | (unk | (nown) |
| medico | | | WE WAR OR DATES) | | | Rowell-wife- | -(same as | s 13e) |
| ony injury, or other troumotic event, the | ATION | Conditions, if ony, which gave rise to immediate cause 10), stating the underlying cause lost. | DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) | SEQUENCE OF GTO DEATH BUT | diverticali | AINAL DISEASE OR CONDITION VES COLUMN 1206. II | GIVEN IN PART 1101 GIVEN IN PART 1101 FIES, WERE FINDING | ANTE INTERVAL NISET AND DEATH ALL GS USED |
| B shows o | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY HOUR A.M. MONT | W. DAY VEAR | 21c HOW INJURY OCCUR | YES NO PINCE | ERTIFYING CAUSES O | DF DEATH? |
| E / | 3 | OR CONTRIBUTING CAUSE OF D | CAIR | H DAY YEAR | | | | |
| | MEDICAL | 214 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O | OFFICE, FARM, ETC.(| 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| 21 is mo | | | ortal) attended the deceased in 7-44 | 00 | id that in (my) (our) opinion | death occurred on the date and | | nat (I) (we) last ouses stated |
| T. H Rem | | 27b. SIGNATURE | long & My | | DEGREE | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE S | |
| IMPORTAN | | TASON | DELGER, M | 1.0. | SILVER. | V CAMERINI SPRING, MI | STREET 0. 20910 | |
| 5 \$ | 23a 8 | URIAL, CREMATION, REMOVA | | | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE |
| | 24 FI | Burial Warner Pu | 7-27-1979 | Druid | | Baltimore E REC'D. BY REGISTRAR 256. RE | | aryland |
| 6 20M 4) 7/78 | | 434 Ga. Ave. | mphrey, Ind | luke | alesa | 111 3 0 1979 | Pertage | bea Bready |
| | | | | | | | | |







| | | FOR STATE REGISTRAR | | PARTMENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | REG. N | | 5 | 9 |
|----|---------------|---|--|---------------------|--|---|-----------------------------------|--------------------------------|-------------|
| | (TYPE | CEASED NAME FIRST PRINTS | | Rub | instein | | 7/29/ | 19 5 | HOUR M |
| | 3 SE) | F | RACE | S DATE C | | 6 AGE (IN YEARS LAST BIRT | 4 YRS MONTHS | DAYS HOU | NDER 24 HRS |
| 77 | C | Poland | CITIZEN OF WHAT COUL | 7 MARRIEI WIDOWE | DIVORCED [| Mont 901 | mery (| Poun | ty MD. |
| 90 | 6 | vheaton | 1. NAME OF HOSPITAL, N UENOT IN SUCH FACILITY, GIVE | STREET ADDRESS) | NULSINGHOM | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemaker | F WORKING LIFE) IND | KIND OF BUS JUSTRY Jome | SIMESS OR |
| 36 | 13a. S | AL RESIDENCE (IF NURSING HOME OR O TATE 13b COUNT | THER INSTITUTION, GIVE RESIDENCY 13 CHTX OF | | 13d INSIDE CITY LIMITS? YES NO THE NOTHER'S MAIDEN NAME OF THE NAM | 13e STREET ADDRESS | Freensp | on L | ane |
| 60 | | Joseph | Rea | Enick | (Unknown) | WIDDLE | 5ch | eink | oum |
| 1 | | VAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE W N/A | VAR OR DATES) | 2-6001 | Nathan Rubin | stein, 1421 | | e, Md. can Lar APPROXIMATE I | ne, |
| | | PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate couse iol, stofing the underlying couse lost | DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) | SECUENTE OF | ug artin s 1+D | lugari Lugari | 9 | ruur Karr Vear | ti. |
| 2 | CERTIFICATION | PART 2. OTHER SIGNIFICANT CO Chronis Via 190 DATE OF OPERATION | IN AMOUNT OF V | my s | enelite. | 200. AUTOPSY? | 20b. IF YES, WERE IN CERTIFYING C | FINDINGS L | |
| 9 | EDICAL CER | 210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 19 | 211 LOCATION | ED (ENTER NATURE OF INJUI | | | |
| | W | WHILE NOT WHILE 2 22a.1 certify that (1) (this hospital sow the deceased alive on obove, (1) (we) (did) (did not) | 1.121. | from | 2 4 , 19 76 and that in (my) (our) opinion of | _, to | 6 , 19 7 | , that (| |
| 1 | | 271 DHYSICIAN'S NAME (TYPE OR | blewfle | 1 110 | ATTENDING PHYSICIANY | MEDICAL STAIL | FF _ | 7/29/1 | 19 |
| / | {: | URIAL, CREMATION, REMOVAL PRECIPY URIAL | 23b. DATE 7-31-79 | and the second | EMETERY OR CREMATORY Trael Cemetery | 23d LOCATION CITY OF TOWN Washingt | on, D. C. | | STATE |

250. DATE REC'D. BY REGISTRAR 256. REGISTRAP'S SIGNATURE AUG 0 2 1979

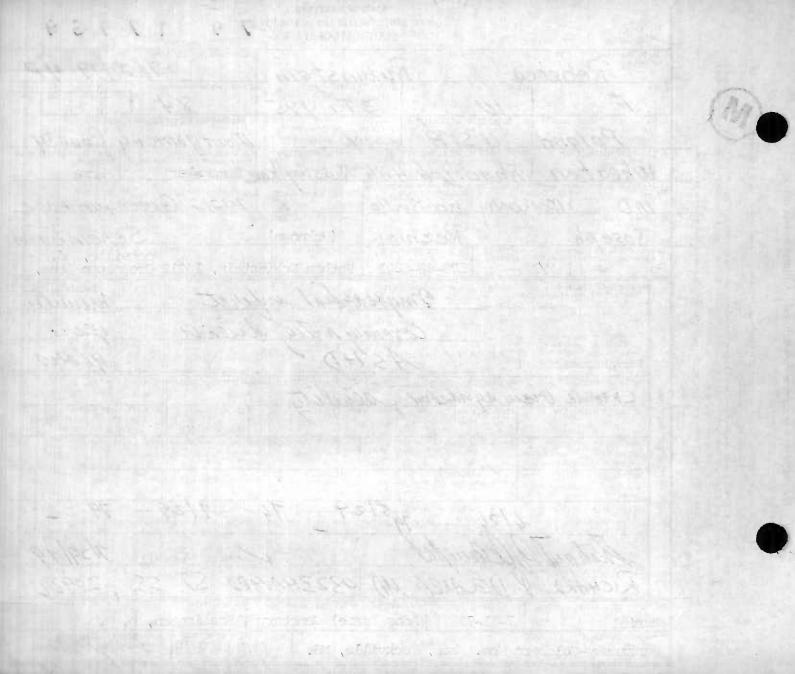
AUG 0

24 FUNERAL DIRECTOR
Danzansky-Goldberg Mem. Chap, Rockville, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

should be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is morked or Item 18 shows any injury, or other troumatic event, the

TO FUNERAL DIRECTOR: After this certificate has bee



| 01/ | | | | | | | | OF MARYL | | | | / | | |
|---------------|--|-----------------------|------------------|--|-----------------------|------------------|------------------|-----------------|--------------------|-----------------|---------------------|-------------------|--|-----|
| X | 50 M | | FOR STATE | | | DEPARTM | ENT OF HE | ALTH, AND | MENTAL H | YGIENE | | 7 15 | 6 0 | |
| | | | REGISTRAR | | M | EDICAL E | XAMINE | R'S CERTI | FICATE O | FEATH | REG NO | | 9 9 | |
| | - | | CEASED NAME | FIRST | | WIDDIE | | LAST | | 20. DA | E KNOWN | A MONTH DA | Y YEAR 2 26. H | OUR |
| | S. S. (M) | {TYP | E OR PRINT) | mo | RRIS | | 5, | 4/121 | MAN | DEA | TH MATED | 7/ | 0 1979 5 | 11 |
| | CIE | 3. SE) | | 4. RACE | 5. DATE OF BIRT | | AGE (IN YEARS | IF UNDER 1 Y | | | ATE | MONTH DA | AY JAN 24 H | OUF |
| | S NECESSARY, PLE FUNERAL DIRECT S FOR YOUR D, WITHIN 72 W. PRESTON | 1 | n | W | 10 / 10 | 102 | TG YRS. | MONTHS DAY | S HOURS | DE | DUNCED gu | ly 10 | 1079 53 | AM |
| | CESSARY NERAL DI FOR YOU VITHIN 72 PRESTON | 7a. BI | RTHPLACE (ST | ATE OR | 76. CITIZEN OF | WHAT COUNT | RY? | MARRIED X | NEVER MARRIE | P. BAL | IMORE CITY | DE COUNTY O | FDEATH | |
| | NECE FUNE WIT | Rı | ıssia | | USA | | | VIDOWED] | DIVORCE | 0 0 /h | | meny | | MD. |
| | SEE GE | 10. CI | TX OR TOWN | OF DEATH | 11. NAME OF HO | DSPITAL, NUR! | | R OTHER INST | ITUTION | 12a. USUAL OC | CUPATION (TYP | E OF WORK 126. | KIND OF BUSINES OR INDUSTRY | S |
| | IF ANY DELAY IS NE. 2, AND 3 TO THE FU. 3. RETAIN PAGE 5. 5.HOULD BE FLED, V. I. RECORDS, 301 W. | 1 | 181715 | dA | Dulle | uban | 1/105 | P | DUA | Factor | y Worker | r Pa | aper | |
| = | ORIGINAL ORIGINA ORIGINA ORIGINA ORIGINA ORIGINA | 13a. S | TATE | IF IN NURSING HOME | OR OTHER INSTITUTION, | | DR TOWN | T3d. INSI | DE CUPY LIMITS? | 13e. STREET AD | DRESS | 1 | # - | |
| 2120 | IF ANY DEL. 2, AND 3 TO 3. RETAIN P SHOULD BE L RECORDS, | | MID | Mo | ntgomer | y Roi | puils | YES [| NO [| 1991 | Rollin. | 5 /10 | 1 826 | |
| WD | ATH. S 1, 2 PM 3 4D 2 5 VITAL | 14. FA | THER'S NAME | | WIDDLE | , | AST | 15. MO | THER'S MAIDE | NAME | MIDDLE . | 7 | LAST | |
| | | | srael | | | Saltz | man | D | ora | | | | rbach | |
| NO NO | | 16a. V | VAS DECEASEI | DEVER IN U.S. AF | MED FORCES? | 16b. SOCI | AL SECURITY N | O. 17. INF | ORMANT | | ADDRESS | Bethese | da, Md. | |
| BALTIMORE, | URS AFTEI B. GIVE P. WITH FO PAGES DIVISION | No | | N/A | | 057- | 03-4019 | Jero | ome Sal | tzman,90 | 534 Parl | wood D | r. | |
| | | | 18. CAUSE O | F DEATH (Enter or | nly one couse per li | ne for (a), (b), | ond (c).) | | 1 10. | | • | 8 | APPROXIMATE INTERV | AL |
| TS Y | N 24 HOU I TEM 18. ALONG V PERMIT. 'GIENE, D | | PARTIDE | ATH WAS CAUSE | TE CAUSE (a) | ORIA | VAR | 1 / 64 | Rosa | 13031 | 2 | | HOUTE | |
| Į į | IN TE | | 410 | there | DUE TO, C | R AS A CONS | EQUENCE OF | 1 | | 49-18- | | | | |
| RES | ITHI NSI N H | | | s, if any, which | | OVON | der | HI | TERIAS | CLER | 21 21 | | 10 4VS | |
| W. PRESTON ST | UTED WITHIN N PENCIL IN EXAMINER IN (1AL-TRANSIT MENTAL HY) OR REMOVAL | | couse (o) | e to immediate stating the <u>under</u> | | R AS A CONS | EQUENCE OF | 14.0 | -11.04 | COGIC | 141 | - (| | |
| 301 | ON ALEX PE | | lying cou | se last. | (6) | | | | | | | | | |
| | "PENDING" IN "PENDING" IN "INFF MEDICAL IN SED AS A BUR IN HEALTH AND CREMATION, CREMATION, C | | PART 2 OTHER SIG | SNIFICANT CONDITIONS | CONTRIBUTING TO DEAT | H RUT NOT RELATE | D TO THE TERMINA | DISEASE OR COND | ITION GIVEN IN PAR | [] (a). | | | | = |
| RECORDS, | MEDIC MEDIC AS A ALTH A EMATIC | Z | | U | 4013 Y | 7 6 | -4577 | PIC- | | | | | | |
| REC | HIEF AND USED / CREA | ATI | 19a. DATE OF | OPERATION | 19b. CONE | DITION FOR W | HICH OPERAT | ON WAS PERF | ORMED? | | | 20 | D. AUTOPSY? | |
| VITAL | | MEDICAL CERTIFICATION | 2 P | *************************************** | | | | | | | | 1 | YES NO. | n |
| 2 | ATE SHITHE CHILD BE UNITED | ERT | 210 EXTERNA | L CAUSE WAS | | OF INJURY | | 21c. HOW INJU | JRY OCCURRED | (ENTER NATURE O | F INJURY IN ITEM 18 | PART 1 OR PART 2) | TES ES INO | |
| DIVISION OF | U# 550 | ALC | UNDERLYING | OR NG CAUSE OF | - rate | M. MONTH | 10 30 | | | | NSLE | _ | | |
| Sio | RTIFFR VG TH SHOOT SPART OR TO | DIC | 21d. INJURY C | | | OF INJURY | (AT HOME. | CAT / E | 000 | 1 | 0000 | 2010 | | |
| <u>></u> | HIS CERTING WRITING ARDED T AGE 3 SHG ATE DEPAI | ME | WHILE | NOT WHILE | | CTORY, FARM. CT | 1 | STREET | 2 | Ly - Style | TOWN | - 94%. | 15 1 | グロ |
| | | | AT WORK | AT WORK | 1 190 | 10/6 | | 194 11 | OFFINS | 200 | CKVICU | C 11/180 | 01 14 | |
| | JER: POR: POR: D, 2 | 4.7 | 22a. I certif | y that I took char | ge of the remains | cribed above | , held on | Autopsy | Inspection | , Inqu | iry 4, or | nd in my opinior | | |
| | MIN TIFE BE ECT TH T | | death resulte | ed from: Non | rolement . | Accipled | , Suicio | le 🔲 , Ho | micide . | Undetermined | manner, | | , , | |
| | EXA CER CER DIR DIR ARY | | ACTUAL | 1 | 200 | Him | 11/1 | // TITY | E (SPECIFY) | | | DATE | 7/11/20 | |
| | HE HOUTH, | | SIGNATURE | 100 | an | my | MIN. | 2 M.D. | opy | MEDICALE | AMINER | DATE SIGNED_ | 110/19 | - 6 |
| | EDIC TTE 1 A S NEW AOR | | EXAMINER'S | NAME - | - 0 | MA | 1118 | | 0-11 | 1/ | 1 Alex F | 20 | 014 1 | 2 |
| | TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217 | | (TYPE OR PRI | NT) | - 0. | 18/11 | 746 | | 8200 U | 115CHUSIA | MEL | 6146 | DA JAH | = |
| 091 | FOSTAR | 23a. Bl | JRIAL, CREMA | TION, REMOVAL | | | | ERY OR CREM | | 23d. LOCATIO | N | COUNTY | STATE | |
| . 7 | BP | | rial | TOP | 7-12-79 | Ju | aean Me | morial | Gdn. | Olney | Mont of | mery | Manyland | - |
| | DHMH - 17 (VR A15 ME (5)) | | NAME | | ADDRE | 55 | | | 250. 10 E R | 181979 | KAK DESTY | THE STATE OF | The state of the s | |
| | 15M 7/77 | Da | nzansk | y-Goldbe | rg Mem. (| Chap. R | ockvill | e, Md. | | | | 1 | 10 | |

THE VAC AT A SHIP RESTAND TO THE WAR IN THE WAR.

6139 WISC. AVE., N. W. WASH., D. C.

FOR

REGISTRAR

- STATE

(VRA 15, 4) 7/78

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE"

REG. NO. 26. HOUR IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** 128 USUAL OCCUPATION 128 KIND OF BUSINESS OR (TYPE OF WORK FOR MOSS OF WORKING LIFE) INDUSTRY Dry Clean-Ret) ing plant. 4825 Earlston Drive LAST Cuenin ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [COUNTY STATE 22c. DATE SIGNED STAFF Bethesda STATE Rockville, Md. REGISTRANZAGEGISTRANS

10111101 Element Element

DHMH - 16 50M 1/76 (VR A 15 (4))

Bethesda

Maryland 4 FATHER'S NAME

couse (a), stating

underlying couse

Burial

CERTIFICATION

MEDICAL

| F(| M | | FOR 1 - STATE REGISTRAR | DEPARTA | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | REG. NO. |
|-----------|-----------|---------|---|----------------------------------|--|---|
| 5 | | .a | 1. DECEASED NAME FIRST (TYPE OR PRINT) Michae | el Dino | Santiago | July 31, 1979 |
| ge 4 mo | rector pa | | Male | White | 5 DATE OF BIRTH June 29, 1960 | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE MONTHS DA |
| death. Po | uneral di | S. Care | 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas | 76 CITIZEN OF WHAT COUNTRY? USA | MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐ | 9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery |
| | | 73 4 | 10 CITY OF TOWN OF DEATH | 11 NIAME OF HOCDITAL NILIDCIA | C LIONE OR OTHER WISTINGS | 10 |

Baltimore Baltimore

DUE TO, OR AS A CONSEQUENCE OF

The Clinical Center, NIH

Hineline Eillen Santiago, Jr. Manuel The Medical Record 17 INFORMANT \$79-86-9704 No The Clinical Center, NIH, Beth., Md 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Gastrointestinal Bleeding Minutes Acute Lymphoblastic Leukemia, Remission 8 Years

134 INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

2b HOUR

12b. KIND OF BUSINESS OR

: 44

TYPE OF WORK FOR MOST OF WORKING LIFE)

5821 Highgate Drive

Arlington, Virginia

Dependent

Thrombocytopenia CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? BIOPSY

ACCIDENT WAS UNDERLYING 21h TIME OF INJURY CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH YEAR

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE

211 LOCATION

220.1 certify that X (this haspital) attended the deceased from June and that in XX (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on 31 JULY
above XIXwe) (did) (dX Xt) view the body after death

DEGREE 22c. DATE SIGNED

22e ADDRESS The Clinical Center, National

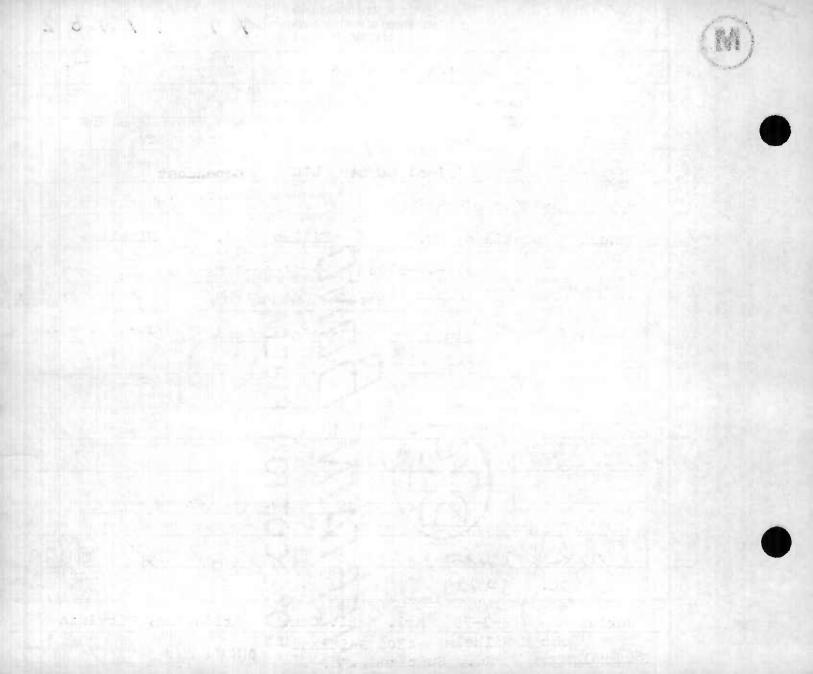
of Health, Bethesda, Md Institutes 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

Arl. Natl. Cem.

24. FUNERAL DIRECTOR RObt E Wilhelm ADDRESS 4308 Suitland

8-3-79

REGISTRAR 256. REGISTRAR'S SIGNATURE Funeral Home Suitland, Md



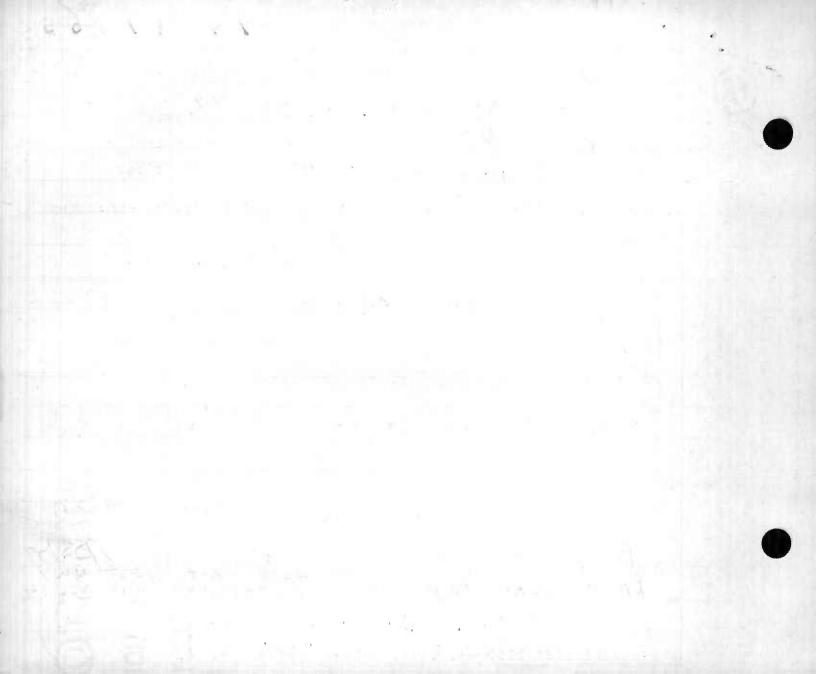
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Part & Manager Manager Annual Service THE REPORT OF THE PARTY OF THE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE".

FOR



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STATE OF MARYLAND

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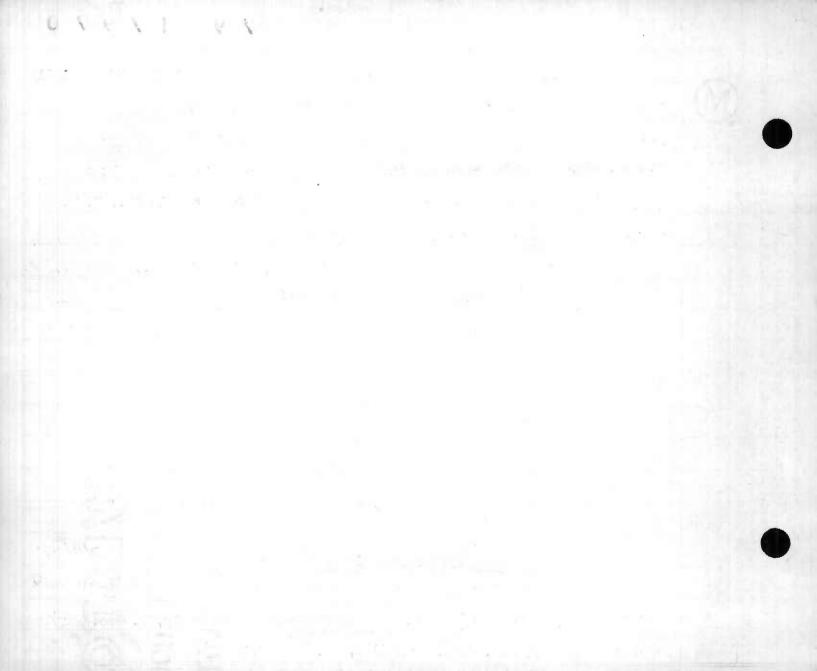
STATE OF MARYLAND

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| 3 | | | 1 - | FOR STATE REGISTRAR | | DEPAI | RTMENT OF H | E OF MARYLAND EALTH AND MEN ICATE OF DEA | ITAL HYGI | ieney 9 | 7 | 9 6 | 9 |
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| ų. | 74 | | | CEASED NAME FIRST OR PRINT) | | MIDDLE | | Î'DENSTEIN | | REG. NO. | | YEAR | 2b HOUR |
| > | 1 | | 3 SE. | DAVID | 4. RACE | | 5 DAIE C | AE RIDTH | | July 16, 1 | | INDER I YEAR | IF UNDER 24 HRS |
| 4 | (g-30) | | | ALE | WHI | TE | NOV. | DAY | YEAR 898 | 80 | YRS. | | HOURS MIN |
| A 4 | 1 | | 0 | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTR | Y? 8 | NEVER MARI | | 9. BALTIMORE CITY OR C | | DEATH | |
| The state of | 1 th | 76 | | HIO | u. | S. A. | WIDOWE | | | MONTGOMERY | | | MD. |
| 01 offer | by the fu | 90 | | TY OR TOWN OF DEATH Bethesda | (IF NOT IN SUC | HOSPITAL, NUR HEACHITY, GIVE STR DOD NURS | PEET ADDRESS) | R OTHER INSTITUT | TION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO TAI LORING | | 126 KIND OF INDUSTRY | BUSINESS OR |
| D 212 | led in k | 320 | USU. | AL RESIDENCE (IF NURSING HOME OF LATE ARY LAND 136 COU | | | FORE ADMISSION) | 13d INSIDE CITY L | | 13e STREET ADDRESS | | | |
| LAN 2 | ly fill show | | | THER'S NAME | OUMERY | DEIT | ESVA | YESKE NO | | 10250 WESTI | LAKE 1 | PRIVE. | APT.203 |
| MARY. | omplete | 160 | B | ARNETT | MIDDLE | | ENSTEIN | REBEC | | MIDDLE | | UNKNOU | |
| BALTIMORE, | ond c | 1 | 160. V | VAS DECEASED EVER IN U.S. AF | RMED FORCES? /E WAR OR DATES) | 269-05 | | 10117 C | ETOEN | 11100 PER | SEMON | IT DRIV | /E |
| ALTII | ers. F | | | 18 CAUSE OF DEATH (Enter of | alu ann arusa nas | | | 20413 31 | LIVLIN. | STEIN ROCKVII | It, N | APPROXIM | ATE INTERVAL MEET AND DEATH |
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| ORDS, 201 | t. Then ple | | TION | arteriorder | ofic 1 | west | de | Rase | | nal disease or conditi | | | |
| AL REC | hos be | 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHI | CH OPERATIO | N WAS PERFORME | D | | | ERE FINDING IG CAUSES O | |
| OF VIT | physici certificate rial-tronsi entol Hygish | 9 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ATH HOUR A. | M. MONTH | DAY YEAR | 21c. HOW INJURY | Y OCCURR | ED (ENTER NATURE OF INJURY IN | ITEM 18, PART 1 | OR PART 2) | tered |
| DIVISION OF VITAL RECORDS, | ottending ter this ce s the burn ond Mer | | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE | | | 211 LOCATION STREET | | CITY OR TOWN | | COUNTY | STATE |
| o NITENDIA | STOR: Affor use of Health | | | 220.1 certify that (I) (this hosp | 7 | 7-16 19 | mn // | d that in (my) four | 9 19 Hopinion d | eoth occurred on the date of | (a, 19_ | | ot (1) (we) last |
| TALORA | y the horal DIRECTOR Adetached to the Dept. | | | 22b. SIGNATURE | /les | of A | W. | PHYS | NDING SICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | | 720. DATE SE | 7.79 |
| /a 00 | TO FUNERA should be de with the Stat | 1 | | JASON GE | - // | D. | | 8830 Cay | телоп | Street, Silv | 10 h Sv | ntino | Md |
| 6000 | 1 | | 23o E | URIAL, CREMATION, REMOVAL | 23b DATE | 23 | | EMETERY OR CREM | MATORY | 23d. LOCATION | 600 | MTY | STATE |
| | BP | | 24 FI | BURIAL DIRECTOR DOWN I | 7/18/ | | ING VA | VIU MEMUL | KIAL (| REC'D. BY REGISTRAND | CHUR | CH | IRGINIA |
| | H - 16 50M 1/76 VR A 15 (4) } | | 4ª F | INERAL DIRECTOR DONALD 232 CARROLL | | | | | | DOSTOR A | ofry. | MeGu | 7 |

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| FOR SEX F emale BIRTHPLACE (STATE OR FOREIGN COUNTRY) CITY OR TOWN OF DEATH SILVER SPRING SUAL RESIDENCE IF NURSING HOME CO. STATE 0. STATE D. C. C. T. C. D. C. D. C. | WIDGLE | S DATE OF BIRTH MONTH DAY YEAR 12 20 85 MARRIED NEVER MARRIED WIDOWED DIVORCED CHARLES OF OTHER INSTITUTION | REG. NO. 26. DATE OF DEATH MONTH 7 6. AGE (IN YEARS LAST BIRTHDAY) 93 YE 9 BALTIMORE CITY OR COU | OAY YEAR ZD. HOUR 10 79 1:1A WUNDER I YEAR WUNDER 24 H MONTHS DAYS HOURS ME |
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| F emale BIRTHPLACE (STATE OR FOREIGN COUNTRY) atvia CITY OR TOWN OF DEATH SILVER Spring SUAL RESIDENCE IF NURSING HOME CO. STATE | T RACE Caucasian Th CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN JE NOT IN SUCH FACILITY, GIVE STREET | S DATE OF BIRTH MONTH 12 20 85 MARRIED NEVER MARRIED WIDOWED DIVORCED | 26. DATE OF DEATH MONTH 7 6. AGE (IN YEARS LAST BIRTHDAY) 93 YE 9 BALTIMORE CITY OR COU | # UNDER I YEAR # UNDER 24 H |
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| CITY OR TOWN OF DEATH SILVER Spring SUAL RESIDENCE IN NURSING HOME COLO 6. STATE COLO | JIF NOT IN SUCH FACILITY, GIVE STREET A | | Montoomery | |
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| o. STATE 136 COU | | | Thorienaker | naie |
| | ואני ווא. כודי or town Washingto | On YES NO O | 13. STREET ADDRESS 6955 Greenvale | st., N. W. |
| FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN N | AME | (AST |
| Gershon | Reamer | Hannah | | (Unknown) |
| | | RITY NO. 17 INFORMANT | ADDRESS | |
| | | 256 Bensel Seli: | s. 8510 Ewing Dr | Bethesda. M |
| | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DE |
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| 11211 IMMEDIA | TE CAUSE (a) | Coloria | | 7415 |
| 1010 | DUE TO, OR AS A CONSEQUE | NCE OF | 2 /2 th. 110 | 7/10/79 |
| Conditions, if any, which gave rise to immediate | (b) severe a | unial oceus | in vous wigo | , , , , , , , |
| cause (a), stating the | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| | (c) | | | |
| | CONDITIONS CONTRIBUTING TO D | EATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION | GIVEN IN PART 1(0) |
| | | | | |
| 1% DATE OF OPERATION | 1% CONDITION FOR WHICH | OPERATION WAS PERFORMED | | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? |
| | | | YES NO X | YES NO |
| 210. ACCIDENT WAS UNDERLYING | | Y YEAR 21c HOW INJURY OCCU | RRED JENTER NATURE OF INJURY IN ITEM | . 18, PART 1 OR PART 2) |
| IF EITHER, NOTIFY MEDICAL EXAMINER | - Allin | 19 | | |
| 214 INJURY OCCURRED | 216 PLACE OF INJURY | 211 LOCATION | CITY OF TOWN | COUNTY STATE |
| WHILE NOT WHILE | AT HOME, STREET, FACTORY, OFFICE, FA | IRM, ETC.) | CITYORTOWN | COUNTY STATE |
| | utal) attended the deceased from | 4/28/29 10 | 10 7/10/29 | , that (I) (we |
| | m/1-170 | | n death occurred on the date and | |
| above, (1) (we) (did) (did n | ot) view the body after death. | | | |
| 12h SIGNATURE | - | ATTENDING | MEDICAL STAFE | 7/10/79 |
| | 200 | PHYSICIAN | PHYSICIAN | 1/10/17 |
| 224 PHYSICIAN'S NAME THE | OR PRINT) | 22¢ ADDRESS | | 2 - 2 1 (|
| 050774 | LEKATOUL IN | 10 74x C | blington Rd | , Belleda mo |
| BURIAL, CREMATION, REMOVA | | AME OF CEMETERY OR CREMATORY | 1234 LOCATION | |
| A C BEC IEWS | | | CITY OR TOWN | COUNTY STATE |
| Burial | 7-11-79 Mt | . Lebanon Cemeter | v Hvattsville | P. Geo. Maryla |
| NAME OF TAXABLE PARTY O | WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH IETHER OF PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI INFERIMER, NOTHY MEDICAL EXAMINET 214 INJURY OCCURRED WHILE AT WORK AT WORK 220 I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (Jid) (Jid) 221 SIGNATURE | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) N/A II CAUSE OF DEATH (Enter only one cause per line for 10.), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEQUE (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEQUE (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEQUE (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEQUE (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEQUE (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEQUE (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEQUE (c) 196 DATE OF OPERATION 197 CONTRIBUTING CAUSE OF DEATH (FINANCE) P.M. 210 ACCIDENT WAS UNDERLYING TO DUE TO, OR ON TRIBUTING TO DUE TO, OR AS A CONSEQUE (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEQUE (c) 198 DATE OF OPERATION 198 CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEQUE (c) 210 ACCIDENT WAS UNDERLYING TO DUE TO, OR AS A CONSEQUE (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEQUE (c) 199 CONTRIBUTING TO DUE TO, OR AS A CONSEQUE (c) 190 DATE OF OPERATION 199 CONDITIONS CONTRIBUTING TO DUE TO, OR AS A CONSEQUE (c) 190 DATE OF OPERATION 190 DATE | WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GOYE WAR OR DATES) NO (IF YES, GOYE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause lost (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 210, ACCIDENT WAS UNDERLYING 2116 TIME OF INJURY HOUR A.M. MONTH DAY YEAR IF EITHER, NOTHY MEDICAL EXAMINER) 210, INDUSTRIES OF DEATH HOUR A.M. MONTH DAY YEAR IF EITHER, NOTHY MEDICAL EXAMINER) 210, INDUSTRIES OF DEATH HOUR A.M. MONTH DAY YEAR INFERENCE OF INJURY INDUSTRIES OF DEATH HOUR A.M. MONTH DAY YEAR INFERENCE OF INJURY INDUSTRIES OF DEATH HOUR A.M. MONTH DAY YEAR INFERENCE OF INJURY INDUSTRIES OF DEATH HOUR A.M. MONTH DAY YEAR INFERENCE OF INJURY INDUSTRIES OF DEATH HOUR A.M. MONTH DAY YEAR INFERENCE OF INJURY INDUSTRIES OF DEATH HOUR A.M. MONTH DAY YEAR INDUSTRIES OF DEATH HOUR A.M. MONTH DAY YEAR INDUSTRIES OF DEATH INFORMATION STREET. 210 RECEIVED OF THE TOTAL OF THE TERM OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TERM OF THE TOTAL OF THE T | ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) N/A IF YES, OR WARD OR DATES) N/A IF CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 10.1 stoling the underlying couse loss DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 198 DATE OF OPERATION 198 CONTRIBUTING CUSE OR DEATH SETTING, NOTEY MORE LEXAMINER] OR CONTRIBUTING CUSE OR DEATH SETTING, NOTEY MORE LEXAMINER] P.M. 19 216 NOTWHILE CUSE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216 NOTWHILE CUSE OF INJURY HAT MOME, STREET, FACTORY, OFFICE, FARM, ETC.) 270 LETTING MEDITAL CUSTOR OF BUT IN CONTRIBUTION 271 LETTING CONTRIBUTING CUSTOR OF THE CONTRIBUTION OF |



the attending physician and campletely filled in by the funeral dremave carbanpapers. Pages 1 and 2 should be filled within 72 ho

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal

| | 1- | FOR - STATE REGISTRAR | | DEPART | MENT OF H | E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH | GIENTE 9 | 1 7 | 9 7 | ļ |
|-----------------------------|---------------|---|--------------------------------|--------------------------|-----------|--|--|---------------------|-----------------|---------------------------|
| | | CEASED NAME FIRST JOSC | | AIDDLE | 2HA | APIRO | 20. DATE OF DEATH | MONTH DA | 5 79 | 8 PM |
| | 3 SE: | × NALE | 4 RACE WHITE | | S. DATE C | DAY YEAR | 6 AGE (IN YEARS LAST BIR | | UNDER I YEAR | IF UNDER 24 HRS HOURS MIN |
| al ouce. | K | RUSSIA | U.S.A | WHAT COUNTRY? | WIDOWE | | 9 BALTIMORE CITY OF MONTGOMER | v | 3113 | MD. |
| In an in a | 7 | TAKOMA PARK | WASHI | NGTON AD | VENTIS | ST HOSPITAL | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST CONTRACTO | OF WORKING LIFE | INDUSTRY | TRUCTION |
| 1835 1935 | 13a. S | | OTHER INSTITUTION, | ROCKVIL | | 13d INSIDE CITY LIMITS? YES NO 🗌 | 13e STREET ADDRESS 12630 VIE | RS MILL | ROAD | , APT.217 |
| 51 | | ATHER'S NAME MORRIS | AIDDLE | SHAPIRO | | BERTHA | , MIDDLE | 1 | (UNKÎ | YOWN) |
| the medical | 16a. V | WAS DECEASED EVER IN U.S. AR/ | MED FORCES? WAR OR DATES) | 577-20- | | HERBERT 1. | SHAPIRO 12 | 01 No. | BELGRA | ADE RD. |
| njury, ar ather traumatic e | z | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C | (b) DUE TO, OF | R AS A CONSEQUI | ence of | NOT RELATED TO THE TER/ | MINAL DISEASE OR COM | ADITION GIVE | N IN PART 1 | 01 |
| ws any | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | | NGS USED S OF DEATH? |
| or Hem 18 sho | MEDICAL CER | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHEY MEDICAL EXAMINER) 21d. IN JURY OCCURRED | 21b. TIME O HOUR A.I P.I | m, month d m, | AY YEAR | 216. HOW INJURY OCCUP | RRED (ENTER NATURE OF INJ | JRY IN ITEM 18, PAR | RT 1 OR PART 2] | |
| markeda | WE | WHILE NOT WHILE AT WORK | | REET, FACTORY, OFFICE, I | | STREET | CITY OR TO | WN | COUNTY | STATE |
| Item 21 is | | 220. I certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE | 7/1. | 5779 19 | | nd that in (my) (our) apiniar | | - | and from the | SIGNED |
| MPORTANT: # | | 22d. PHYSICIAN'S NAME (TYPE OF | R PRINT) | _ MD | | ATTENDING PHYSICIAN PHYSIC | -INGTON R | D, B | the | es hus |

DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL BURIAL 7/18/1979

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

ERY OR CREMATORY 23d LOCATION CULTY OR TOWN

MEMORIAL GARDEN FALLS CHURCH VI

F. H. 1250. DATE REC'D. BY REGISTRAR 230. REGISTRAR'S SIGNATURE

7425 ARLINGTON RD, Better 20

24 FUNERAL DIRECTOPONALD WASHINGTON

VIRGINIA

| N. W. C. L. M. D. C. L. | |
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN IN MONTH (TYPE OR PRINT) OF ESTI-OSEPH AGE (IN YEARS | IF UNDER 1 YR 3. SEX 4. RACE 2c. DATE S FOR YOUR LAST BIRTHDAY) PRONOUNCED DEAD 1897 24 TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY Montgomery WIDOWED 25 DIVORCED FILED, 301 W 126 KIND OF BUSINESS IO. CITY OR TOWN OF DEATH OR INDUSTRY Bricklayer HOSP. P. DUENTIST 96 RECORDS, IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! SHOULD Pr. Geo. 13e. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS - 13th Ave. Md. 5406 PAGES 1 AND 2 S DIVISION OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST King Ida Shaw 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS PAGES Hazel M. McCarten - above address-225-05-0391A Yes WW APPROXIMATE INTERVAL Sister CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUE isoclerasyrr. Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 0-1 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? Ö TO BURIAL, YES [] 3 SHOULD BE DEPARTMENT 216. TIME OF INJURY 21c. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING LOR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, II. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK Inspection 220. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinian Natural causes death resulted fram: Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) TO FUNERAL CAFTER DEATH, BALLIMORE, MA PAGE TO FU PE OR PRINT ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 1236, DATE STATE Philadelphia, Pa. Emmanuel Episcopal Burial BP Church Come Cor M750. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH - 17** Nalley's F.H. Inc. Mt.Rainier.Md. VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN OF ESTI-(TYPE OR PRINT) E. Stanley Shaw 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX DATE PRONOUNCED CAUC SYRS 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY) U.S.A. Montgomery New York 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS I, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH Suburban Hospital Bethesda County Goy't. 13d. INSIDE CITY LIMITS? 13a. STATE MONTGOMER 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Marv unknown Charles Shaw 17. INFORMAN Forest Hills Estates Martinsburg, 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Elwood L. Mills, Rt. 3 Box 192-M 085-22-9678 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY MRIM BOSIS IMMEDIATE CAUSE gave rise to immediate cause (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO Z 216. TIME OF MUURY 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH AT WORK AT WORK 220. I certify that I taak chare the suman prescribed obave, held an Undetermined monner EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Parklawn Memorial Park Rockville, Maryland 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, **DHMH - 17** AUG0 6 (VR A15 ME (5)) 15M 7/76 Rockville, Maryland

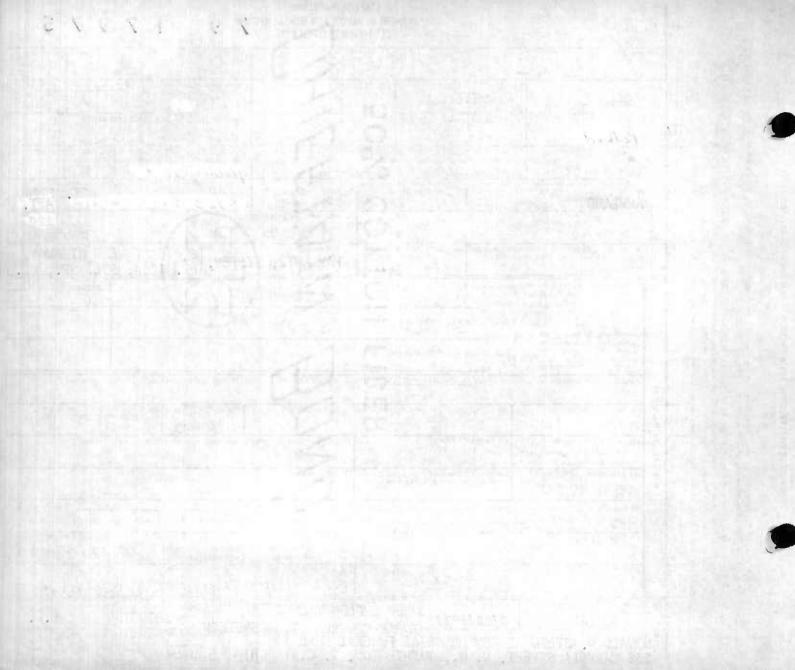
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Durial Potomac Sate, C. Comman Marylana

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEWE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 7a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 0415 20 197 4. RACE 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MALE MONTH DAY YEAR WHITE 80 To. BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED RUSSIA DIVORCED WIDOWED ID CITY OF TOWN OF DEATH KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY KUCKVIIIe GROCER -F00D DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13e. STREET ADDRESS 1220 EAST WEST 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME DOKTIS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT FAY KOTZ, SISTER 18 CAUSE OF DEATH (Enter only one couse pending for (a), (b), and (c), PART I. DEATH WAS CAUSED BY MINU IMMEDIATE CAUSE (O) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 90. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOXX YES [NO [Mental Hyg 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22¢ DATE SIGNED * ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME TYPE OF PRINT! 22e ADDRESS 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b DATE BURIAL DHMH-16 60M 1 73 STEIN HEBREW MEMORIAL FUNERAL HOME (VR A 15 (41) STREET, N. W. WASHINGTON, D. C



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17976

250 DATE REC'D BY REGISTING 256. REV. 14

| | | REGISTRAR | | | CERTIFICATE OF DEATH REG. NO. | | | | | | | |
|----|---------------|--|--------------------------------|--|-------------------------------|---|---------------------------|--|--------------------|-----------|--------|---------------------------|
| | | CEASED NAME FIRST Josep | | Sherid | | ASŤ | | 20 DATE OF DEATH | монтн 07 | 18 | 79 | 26 HOUR 5:00AM |
| | 3 SE | MALE | CAUCAS: | IAN | 5. DATE C | OAY YEA | AR | 6 AGE (IN YEARS LAST BIRT | THDAY) | MONTHS | OAYS | IF UNDER 24 HRS HOURS MIN |
| E | C | IRTHPLACE (STATE OR FOREIGN OUNTRY) PENNSYLVANTA | U.S.A | WHAT COUNTRY? | WIDOWE | | | Montgo | omer | | ATH | MD. |
| 9 | | Olney | Montg | omery "Ge | PRESS) F | ROTHER INSTITUTION OF COMPANY OF | | 120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O ACCT. Dept. | F WORKING | LIFE) INC | USTRY | .S.Govt. |
| 1 | 13a S M | | | GAITHER | N | 136 INSIDECITY LIM | | 13e STREET ADDRESS 204 RUSSE | LL A | VE. | | |
| 16 | | JOHN | MIODLE | SHERID | | 15. MOTHER'S MAIDI FIREDA | | WIDDLE | | S | ranĝ. | ER |
| 1 | () | NAS DECEASED EVER IN U.S., AR YES, NO OR UNKNOWN) (IF YES, GIVI NO | MED FORCES? E WAR OR DATES) | 363-18-0 | | MARY H. S | HERI | IDAN (SAME | | 13e) | | |
| | No | Conditions, if ony, which gave rise to immediate cause io, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (| (b) DUE TO, O | R AS A CONSEQUE R AS A CONSEQUE THE TUS ASS DITTRIBUTING TO D | NCE OF MU | | he widn | | | | PART I | eks months |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | | 200 AUTOPSY? | IN CERT | | | OF DEATH? |
| 7 | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE ATWORK ATWORK ATWORK | P. 21e PLACE | M. MONTH DA | 211 LOCATION STREET | CCURRE | ED (ENTER NATURE OF INJUR | STATE | | | | |
| | | 22a. I certify that (1) (the halps saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGN | | 19 | | 2/ 19 79 to 7/18/ 19 79 that (I) (we) looned that in (my) (our) ppinion death occurred on the date and hour and from the causes stated DEGREE 1226, DATE SIGNED | | | | | | |
| | | 77d PHYSICIAN'S NAME (TYPEO | | 40 | | ATTEND PHYSIC 220. ADDRESS Montgome | IAN | MEDICAL STAF | IAN | | 7 - 11 | 8-79 |
| | 23o. B | BURIAL, CREMATION, REMOVAL SPECIFY) | 23b. DATE 7-21- | | | EMETERY OR CREMAT | TORY | 23d LOCATION CITY OR TOWN | | COUNTY | מיזימכ | STATE |

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DHMH - 16 50M 1/76 (VR A 15 (4)) 74 FUNERAL DIRECTOR
ROBERT A. PUMPHREY FUNERAL HOMES

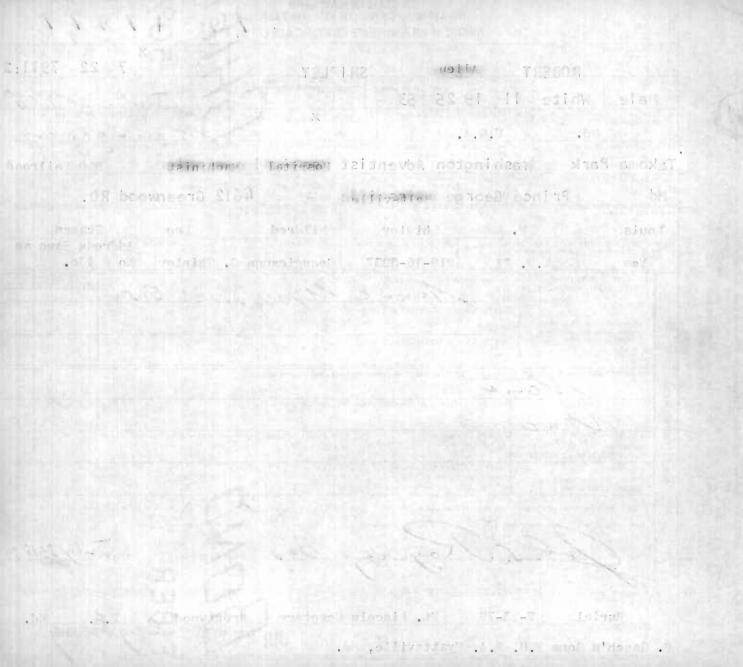
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197

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20, DATE KNOWN X MONTH 26. HOUR TTYPE OR PRINTI OF ESTI-Allen ROBERT 6. AGE (IN YEARS DATE OF BIR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCE 53 Male 25 White 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. DIVORCED Md. 10. CITY OR TOWN OF DEATH Takoma Park Washington Adventist Hospital Machinist B&O Railroad 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Prince George 4612 Greenwood RD. YES NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE Louis Shipley Mildred Lee Scaggs IAN SOCIAL SECURITY NO. 17. INFORMANT 140 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Address Same as (YES, NO. OR UNKNOWN) No # 13e. Georgieanna G. Shipley 219-16-5237 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Inspection ond in my opinion Autopsy Hamicide Undetermined manner TITLE (SPECIFY) 230 BURIAL CREMATION REMOVAL 236 DATE 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY DIATE Burial 7-25-79 Ft. Lincoln Cemetery Brentwood Md. 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) F. Gasch's Sons F.H. P.A. Hyattsville, Md. 15M 7/76



| | FOR 1 - STATE REGISTRAR | DEPARTA | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIBYE 9 1 7 | 978 | | | | |
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| | 1. DECEASED NAME FIRST (TYPE OR PRINT) | ^ | hipman | 20 DATE OF DEATH MONTH D | 8 1979 7 A | | | | |
| rs ofter d | 3. SEX MALE | WHITE | 5. DATE OF BIRTH MONTH DAY APRIL 4. 1908 | | IF UNDER 1 YEAR IF UNDER 24 H | | | | |
| - 70 / / | West Virginia | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUNTY MONTGOMERY | OF DEATH | | | | |
| by the fu | TAKOMA PARK | WASHINGTON TO ADVEN | | 120 USUAL OCCUPATION | 126. KIND OF BUSINESS OF | | | | |
| ly filled in should be f | 13a STATE 13b. (| ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE COUNTY 136 CITY OR TOW TALLMANS | N 13d. INSIDE CITY LIMITS? | BOXEF75 PRoute # 1 | | | | | |
| and 2 | 14 FATHER'S NAME ARNOLD | BAXTER SHIPMAN | 15. MOTHER'S MAIDEN N. FIRST | AME MIDDLE | READÉR | | | | |
| S. Pages 1 | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 234 26 4015 Carroll Ray Shipman (son) Silv | | | | | | | | |
| physicic anpaper: emavol. event, the | PART I. DEATH WAS C | rer only one cause per line for (a), (b), and AUSED BY: EDIATE CAUSE (b) | N A | 100 DE 48 A | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT | | | | |
| by the attending ise remave carbo , crematian, ar re ather traumatic e | Conditions, if ony, while gave rise to immedia cause (a), stating the underlying cause losse losses los los los los los los los los los lo | DUE TO, OR AS A CONSEQUE | oscheoler 1 | earl Diseau | (Years | | | | |
| n signed b Then pleas to burial, injury, ar a | | ANT CONDITIONS CONTRIBUTING TO E | DEATH BUT NOT RELATED TO THE TER. | minal disease or condition givi | EN IN PART 1(0) | | | | |

198. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED

WHILE AT WORK NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from and that in (my) (aur) opinian death accurred an the date and haur and fram the causes stated (did nat) view the body ofter death

22b. GHATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF DIRECTOR PHYSICIAN

David Cromwell, M.D. 22e ADDRESS

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN

CITY OR TOWN

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 7/21/79 Lanham Cemetery Burial

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Francis Gasch's Sons Funeral Home, P.A. (VR A 15 (4)) Hvattsville, Maryland

pshur, Queens

COUNTY

STATE

BP.

FUNERAL DIRECTOR:

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IMPORTANT: If Item 21 is marked ar Item 18 shaws any

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FOR

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(VR A 15 (4))

REGISTRAR

Same as #13 APPROXIMATE INTERVA O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO IN CERTIFYING CAUSES OF DEATH YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY and that in my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Montt. 250. DHIT RECOUNT LENGUAR 250 RECEIPEARS STONE LIBERAL Francis H. Barber DHMH - 16 50M 1/76 Laytonsville, Md. 20760

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEME

CERTIFICATE OF DEATH

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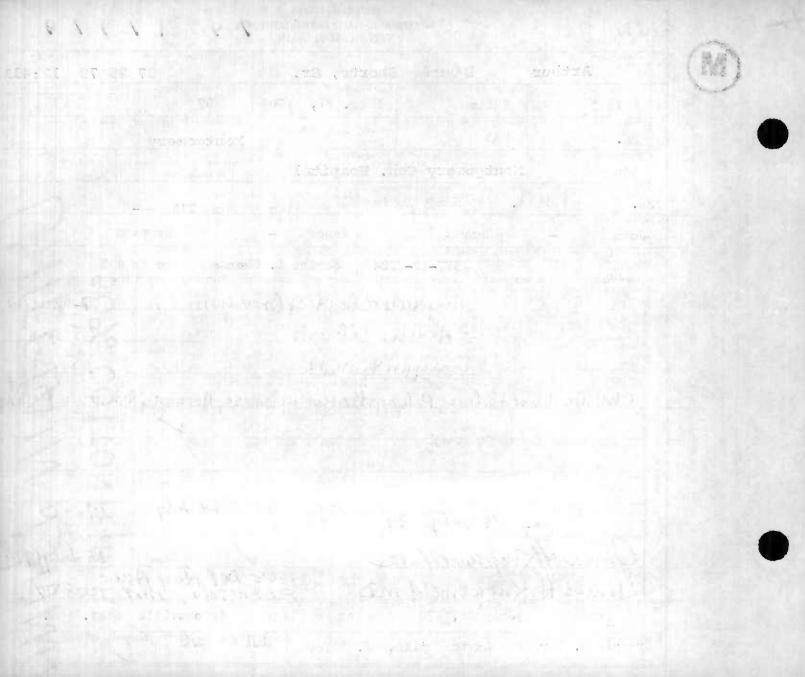
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DAYS

INDUSTRY

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| 16 | 1 | FOR | STATE OF MARYLAND | |
|---|---------------|--|---|--|
| 17. | 1- | FOR STATE | DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 17980 |
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| 8.8 F. | | EUR/ | IN. DAIL KI | NOWN OF MONTH DAY YEAR TO HOUSE ESTI- MATED TIS LY 279 19 10 MM |
| S NECESSARY FEUNERALD FOR YOUR FILES D, WITHIN 72 HOURS W, PRESTON STREET | 3. SE | 1 RACE | 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNC DEAD | UW WAR TO |
| SSAR SSAR SAL I | | IRTHPLACE (STATE OR | 7b. CITIZEN OF WHAT COUNTRY? | RE CITY OR COUNTY OF DEATH |
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| AY 18 PAGE 301 | 10 C | STOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION JE NOT IN SUCH FACILITY ONE STREET ADDRESS) 120 USUAL OCCUPA FOR MOST OF WORKIN Retire | OR INDUSTRY |
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| O I . NA | 14. 1 | ATHER'S NAME | MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST | |
| MORE, M. TER DEAT TER DEAT FORM PW SS 1 AND ON OF VIII | 16a V | UNKNOWN VAS DECEASED EVER IN U.S. ARA | Powell Rethea ED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT | Kefaufer |
| BALTIMORE, RS AFTER DE GIVE PAGE WITH FORM WITH SORM DIVISION OR | (100. | | VAR OR DATES) | ADDRESS 6400 Oakley Rd |
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| ST. ST. | | PART I DEATH WAS CAUSED | A = A = A = A = A = A = A = A = A = A = | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| ral Reference of the control of the | S I | 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20 AUTOPSY? |
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| = U# 5≥0 | | 210- EXTERNAL CAUSE WAS UNDERLYING ☐ OR | 116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY | Y IN ITEM 18 PART 1 OR PART 2) |
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| DIVISIC THIS CERTI WRITING WARDE 3 SH TATE DEPA | ME | WHILE NOT WHILE AT WORK | STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN | COUNTY STATE |
| WAN WAN 1201 | | | | |
| & E O Z | | 220. I certify that I took charg | of the remains described above, held on Autapsy , Inspection Inquiry | , ond in my opinion |
| LA FIGURE | | death resulted from: Notur | Accident . Suicide . Homicide . Undetermined monn | ier L. |
| | | ACTUAL | TITLE (SPECIFY) | DATE 1/2/17819-70 |
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| MED CUTE SE 4 FUN ER D | | EXAMINETS NAME | on S Rogers DME ADDRESS Silver Spring | r. Md. |
| TO MEI EXECUT PAGE 4 TO FUN AFTER E | 23a.B | URIAL, CREMATION, REMOVAL 2 | | |
| 25 BP_ | (| Burial | Aug 1-79 Fairview Cemetery Roanoke | Roanoke / O Va |
| DHMH - 17 | 24. 7 | MIEDAL DIRECTOR | | ISB. REGISTE ARIS SIGNATURE |
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24 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO , DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH YEAR DAYS HOURS 1891 88 Feb BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWEDY DIVORCED Montgomery 12g USUAL OCCUPATION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 743 Silver Spring Ave 15 MOTHER'S MAIDEN NAME Nevada Newlon Same as above 17 INFORMANT 50 1798 Helene Smith (Daughter) APPROXIMATE INTERVAL BETWEEN ONSET AND DE nincite gler trellete But alance beeny diation PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN COUNTY STATE 7-20 79

211 LOCATION

STREET

and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED

MO ATTENDING 7-21-7 DIRECTOR | PHYSICIAN

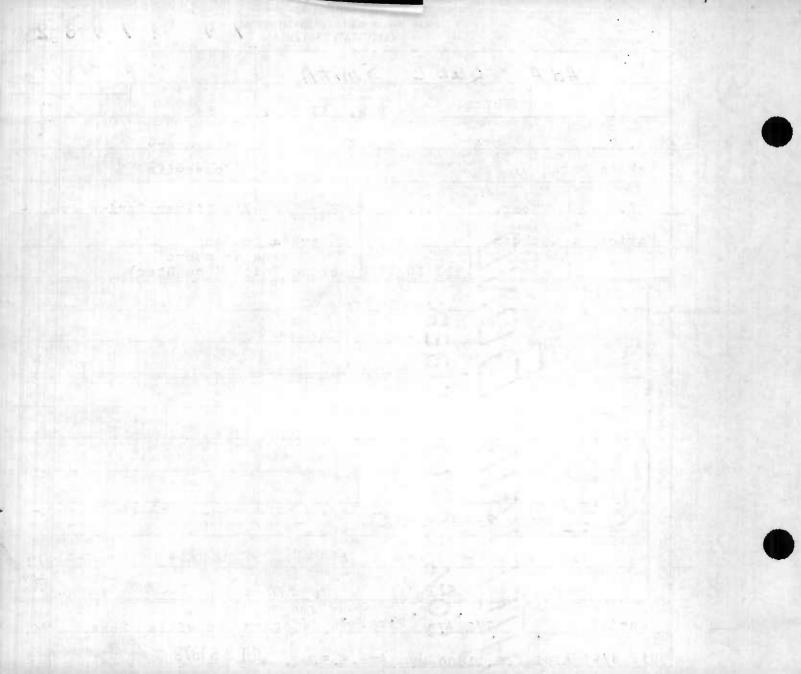
22e. ADDRESS

SILVER SPRING SPRING ST. 23d LOCATION 23g. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE COUNTY STATE (SPECIFY) Parklawn Cemetery Buria1 24/79 Rockville Mont

DHMH - 16 50M 1/76 (VR A 15 (4))

ADDRESS

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Hines/Rinaldi F. H. 11800 N H Ave. S. S. Md

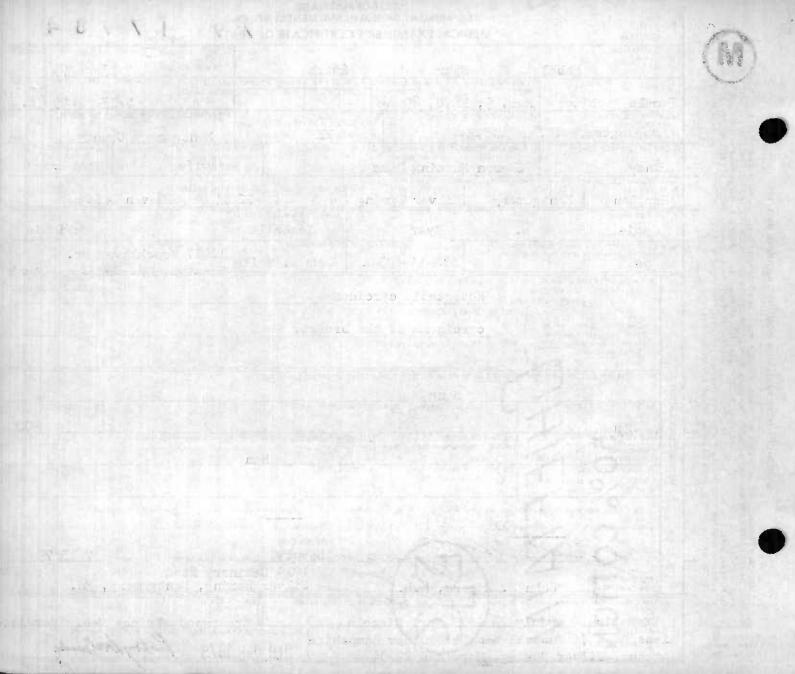


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE 20. DATE KNOWNXX 2b. HOUR TYPE OR PRINT OF ESTI-DEATH MATED Harry Smith 1979 4 RACE A. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 26. DATE 2 HOUR 2:03 24. MONTH DAY LAST BIRTHDAY) 1912 67 Male Black Jul. DEAD 1979 YRS 7h CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOR MARRIED XX NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED [DIVORCED Montgomery County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS PAGE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE) OR INDUSTRY 3. RETAIN PASHOULD BE FILECORDS, 3 1703 East West Highway. Railroad Silver Spring Railroad JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13a. STATE 136 COUNTY 13r CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Silver Spring 1703 East West Highway, #405 Maryl and Montgomery YES | NO [] PAGES 1, 2, FORM PM 3. IS 1 AND 2 SE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Frank Lelia Smith Unknown! 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) PAGES 248-14-2614 Sarah Mae Smith (Wife) Same as Iten 11 CAUSE OF DEATH (Enter pnly one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Emphysema. IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) **IFICATION** None 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 90 BURIAL None YES NO IXIX BE 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. None 21e. PLACE OF INJURY (AT HOME. II. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy DIRECTOR: Inspection Natural causes XX death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, ' BALTIMORE, MA Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road EXAMPLES NAME John S. Rogers, M.D. Silver Spring, Montgomery, Md. TYPE OR PRINT ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial STATE 2August Harmony Memorial Park Landover, Maryland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Rhode Island Avea 15M 7/77

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN XX WONTH (TYPE OR PRINT) OF ESTI-Mabel Smith Byer 4. RACE & AGE (IN YEARS IF UNDER 1 YR. 3. SEX DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR 20. DATE NECESSARY, P FUNERAL DIREC 5 FOR YOUR 5, WITHIN 72 H LAST BIRTHDAY 12:10 PRONOUNCED 1890 89 Female White 9, DEAD 19 79 To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. ashington, D.C. WIDOWED XX DIVORCED AIN PAGE 5 F Montgomery County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
OUSewife OR INDUSTRY Olney Sharon Nursing Home Own home 3. RETAIN P. SHOULD BE I USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13o. STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Silver Spring Montgomery 12017 Brookhaven Drive VITAL I 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME T. PAGES 1 AND 2 Daniel Isabella MIDDLE McGinnis Byer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT WITH FO (IF YES, GIVE WAR OR DATES) 12017 Brookhaven Dr. No 578-14-4054A Kemp B. Smith Wheaton, Md. (son) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Metastatic carcinoma IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which carcinoma of the breast. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION None 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [None NOXX E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIT 710. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an DIRECTOR Natural causes XX deoth resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL EXECUTE THE C EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA Deputy MEDICAL EXAMINER 1919 Seminary Road XAMENER'S NAME ADDRESS Silver Spring, Montgomery, Md. E OR PRINT Rogers. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY July 14, 1979 Fort Lincoln BP Cremation Brentwood Prince Geo. Marylan 24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home 11800 New Hampshire 250. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 15M 7/77 Avenue, Silver Spring, Maryland 20904

STATE OF MARYLAND

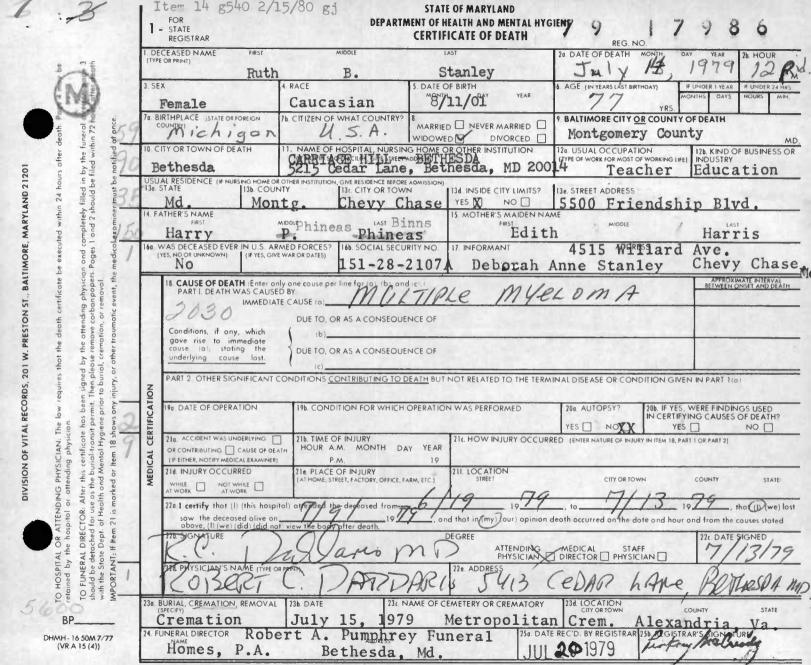


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME AIDDLE FIRST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 15 **JAMES** ANDRES SORENSEN JULY 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MALE WHITE Sept MONTHS DAYS HOURS 1954 To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Washington D.C. Montgomery WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION IZE KIND OARUSINESSOR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Rockville 14334 Chesterfield Road Equipement Specialist ģ University USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13a. STREET ADDRESS Maryland Rockville 14334 Chesterfield Road Montgomery YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST EWST MIDDLE puo Charles O'Neal E. Sorensen Joy ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Father Pages puo (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 7240 Charles E. Sorensen/ Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I DEATH WAS CAUSED BY wo IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse to , stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last <u>a</u> PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS/PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? NOO YES [shov Hygie: 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK 22a I certify that (J) (this hospital) attended the deceased from saw the agreesed plive on and that in (my) (gur) opinion death occurred on the date and hour and from the causes stated above of Pwei Land 1864 not la after death 77h SIGNAME DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN * PORTANT 774 PHYSICIANIS NAME ITHE OFFE should 73d LOCATION 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY BURIAL CITY OR TOWN COUNTY STATE July 23 Paramount Cemetery Paramount Stone Miss. 2222 Wisc Ave 250. DATE REC'D. BY REGISTRAR 256. REPSTRAR'S SIGNATURE

Wash. D.C.

DHMH-16 20M (VRA 15, 4) 7/78

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No 131-28-21074 Debponis Annel Stanley Cheer Cheer Creention July 15, 1979 Netropolitan Crem. Alexandria, v Chort a. Turgarey Fanora! Nomes, P.A. Bethesda. Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

REGISTRAR

24 FUNERAL DIRECTOR

- STATE

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home Scott Maryland James R Gunning, 12003 Dove Circle, Laure APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 Mg PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 10 79 .19 🤼 ond that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 7/9/74 PHYSICIAN DIRECTOR PHYSICIAN ash. D.C. Findlay emetery T11STATE COUNTY FindTav JOSEPH CAWLER'S SONS INC. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 5131 WISS. AVE., N. W. WASH., D. C. 20040

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

CERTIFICATE OF DEATH

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IF UNDER 1 YEAR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-NMI PRONOUNCED DEAD 7a. BIRTHPLACE MARRIED NEVER MARRIED Maryland MONTGOMER D. CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Computers Secretary Grosvenor 130 STREET ADDRESS Grosvenor 13d. INSIDE CITY/LIMITS? 15. MOTHER'S MAIDEN NAME Heise Sterling Jane Joseph Severna Park, MD 17. INFORMANT 16b. SOCIAL SECURITY NO. 66 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) Joseph V. Sterling 42 Lock Leven Rd 218-56-6643 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ACUT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which ABUSE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). ACLOHOL INGESTION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a. DATE OF OPERATION 20. AUTOPSY? YES E 3 SHOULD BE E DEPARTMENT (PRIOR TO BURIA 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY TOUND CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. AT WORK AT WORLE OME 102016ROUSNER EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIBALTIMORE, MARYLAND, 21 22s. I certify that I took charge of the remains described above, held an Hamicide Undetermined manner Suicide EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY St. John's Cemetery Burial 7/23/79 Kingsville, Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIG TATUM Robert A. Pumphrey Funeral **DHMH - 17** (VR A15 ME (5)) Homes, P.A. Bethesda, Maryland 15M 7/76

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| Ŀ | REGISTRAR | | CERTIFICATE OF DEATH | REG, NO | | 8 | | | | | | |
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| I. DI | ECEASED NAME FIRST PE OR PRINT) Jennifer | WIDDLE | Stover | July | 03, 1979 | 2b HOUR | | | | | | |
| 3. St | | Christen 4. RACE | 5 DATE OF BIRTH | 6 AGE IN YEARS LAST BIRTH | | 7:12p | | | | | | |
| | Female | Caucasian | May 23, 1970 | 09 | MONTHS DAY | | | | | | | |
| 7a. B | BIRTHPLACE (STATE OR FOREIGN | 16 CITIZEN OF WHAT COUNTRY? | 8 MARRIED NEVER MARRIEDX | 9 BALTIMORE CITY OR | COUNTY OF DEATH | | | | | | | |
| | Okinawa, Japar | U.S. | WIDOWED DIVORCED | Montgomer | y County | , | | | | | | |
| | CITY OR TOWN OF DEATH | | AG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATIO | | OF BUSINESS C | | | | | | |
| | ethesda | | 1 Medical Cente | | | 'A Schoo | | | | | | |
| USL 13a | JAL RESIDENCE (IF NURSING HOME O STATE | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 130. CITY OR TOW | | 13e STREET ADDRESS | | | | | | | | |
| | irginia Prim | ice Wm. Woodbr | | 14716 Dun | bar Lane | | | | | | | |
| | ATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN N. | AME , MIDDLE | 1 | AST | | | | | | |
| | | ston Stov | Sharon | Lee | Chris | tian | | | | | | |
| 160 | WAS DECEASED EVER IN U.S. AI | /E WAR OR DATES) | | ADDRES | Woodbrid | lge, Va | | | | | | |
| | no | 507 86 | 5294 Evan P. Sto | ver 14716 | Dunbar La | ne | | | | | | |
| | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly one couse per line for 101, (b), on | d ici | | APPRO | XIMATE INTERVAL | | | | | | |
| | Conditions, if ony, which | (b) | | | | | | | | | | |
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| | gove rise to immediate | (b) | | | The Resident Control | | | | | | | |
| | couse 101, stoting the underlying couse lost | DUE TO, OR AS A CONSEQUE | | | | | | | | | | |
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| Z O | | | | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FIND | | | | | | | |
| TE | | The second | | YES 7 NOT | IN CERTIFYING CAUSE | S OF DEATH? | | | | | | |
| CER | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c. HOW INJURY OCCU | CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) | | | | | | | | |
| | OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MONTH DA | AY YEAR | | | | | | | | | |
| \simeq | (IF EITHER NOTIFY MEDICAL EXAMINER | | 19 | | | | | | | | | |
| 69 | | P.M. 21e PLACE OF INJURY | 211. LOCATION | CITY OR TOWN | COUNTY | | | | | | | |
| MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINER | P.M. | 211. LOCATION | CITY OR TOWN | N COUNTY | STATE | | | | | | |
| MED | (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 2) P.M. 21e PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, F | 211. LOCATION | | | STATE | | | | | | |
| MED | (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hosp sow the deceased blive or | P.M. 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, F | ARM, ETC.) 211. LOCATION STREET | Y JIILE of | 3,97919 | STATE , that (I) (we) (| | | | | | |
| MED | (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this hosp sow the deceased blive or | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | ARM, ETC.) 211. LOCATION STREET | Y JIILE of | 그무구무19 te and hour and from th | STATE , that (I) (we) (| | | | | | |
| MED | (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp sow the deceased plive or ubase. If I was the did not | P.M. 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, F | 211. LOCATION STREET 3 JULY 1979, 19, and that in (my) (our) apinion DEGREE ATTENDING | n depth occurred on the dot | 197919 te and hour and from th | state , that (I) (we) I ie causes stated E SIGNED | | | | | | |
| MED | (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hosp sow the deceased blive or under 11 has been a find in | P.M. 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, F | ARM. ETC.) 211. LOCATION STREET . ond that in (my) (our) opinion DEGREE | to 31111 Y | 197919 te and hour and from th | state ,, that (I) (we) live causes stated E SIGNED | | | | | | |
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| | (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp sow the decosed alive or other indicates the fidner 22d. PHYSICIAN'S NAME (TYPE CLARK) | P.M. 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, F (ital) bittended the decimal provided the decimal p | ARM. ETC.) 211. LOCATION STREET 3. JULY 19 79., 19, ond that in (my) (our) apinion ATTENDING PHYSICIAN 172 ADDRESS UNA NATIONAL | MEDICAL STAFF DIRECTOR PHYSICIA | 197919 te and hour and from th | state ., that (I) (we) li the causes stated TESIGNED | | | | | | |
| 230 | (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE ATWORK 220.1 certify that (1) (this hosp sow the deceased plive or other than 1) and the second of the second | P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F itol) ottended the decreased from 19 or view the body offer depth. | ARM, ETC.) 211. LOCATION STREET 311. LOCATION STREET ATTENDING PHYSICIAN ADDRESS WATIONA NAME OF CEMETERY OR CREMATORY | MEDICAL STAFF DIRECTOR PHYSICIA NAUAL M 1236 LOCATION CITY OR TOWN | 197919 te and hour and from the property of t | state ., that (I) (we) life causes stated E SIGNED JULY STATE | | | | | | |
| 230 | (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp sow the decessed alive or indice. If we do not have to have the decessed alive or indice. If we do not have the decessed alive or indice. 22d. PHYSICIAN'S NAME (TYPE CLARES NAME) BURIAL, CREMATION, REMOVAL | P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F itol) ottended the decreased from 19 or view the body offer depth. | ARM. ETC) 211. LOCATION STREET 1 JULY 1979 19 DEGREE ATTENDING PHYSICIAN PHYSICIAN ANAE OF CEMETERY OF CREMATORY Shaminy Of Warwick | MEDICAL STAFF DIRECTOR PHYSICIA 123d LOCATION CITY OR TOWN Hartsvil | te and hour and from the AN ID AT 120. DAT 120. | state thot (I) (we) live couses stoted E SIGNED JULY STATE PA | | | | | | |
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| 0 | | ١, | FOR | D | | E OF MARYLAND IEALTH AND MEN | TAL HYGIENE | | |
|---------------------|--|---------------|--|--------------------------------------|---|---|--|--|--|
| | | | STATE REGISTRAR | MED | ICAL EXAMIN | ER'S CERTIFICA | TE OF DEATH | REG. NO. | 9 9 0 |
| | - | | CEASED NAME Margue | . 4 | Strin Strin | String | 20. DA O DEA | TE KNOWN A MONI F ESTI- TH MATED . T | 142419 19 5: 15 A |
| | | 3. SE | t w | S. DATE OF BIRTH MONTH DAY April 30, | L898 6. AGE (IN YEAR LY BIRTHDA 81.9 YEAR | AONTHS DAVE NO | DURS MIN. PRONG | ATE MONTE | 1 2419 79 51 15 PM |
| | SE MANAGERS | Ma. | RTHPLACE (STATE OR REIGN COUNTRY) | USA | | | MARRIED U | 1 5 Lp | Oyner MD. |
| | DELAY IS TO THE TO THE BE FILED. | | TY OR TOWN OF DEATH Bether the first the street of the st | (IF NOT IN SUCH FACE | ILITY, GIVE STREET ADDRESS) RESIDENCE BEFORE ADMISSION | HOSA: | FOR MOST OF | CUPATION (TYPE WOR WORKING LIFE) | 12b. KIND OF BUSINESS OR INDUSTRY |
| 21201 | F ANY DEL | 13a S | TATE 13b COUN | Fort | 13c CITY OR TOWN | GT YES N | 10 10725 | Cersing t | on Phryspt71 |
| E, MD. | DEATH. | 14. 17 | Harvey Kolhes | MIDDLE | LAST | Mar | y E. Beall | MIDDLE | LAST |
| BALTIMORE, | URS AFTER DI B. GIVE PAGE WITH FORM PAGES 1 AI DIVISION OF | _(Y | VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE | MED FORCES? WAR OR DATES) | 579-48-77 | | Kensingten R. Stringe | Pkwy. EsKens | lington, Md. 20795 |
| 301 W. PRESTON ST., | FED WITHIN 24 HO PENCIL IN ITEM 1 ALTRANSIT PERMIT MENTAL HYGIENE, R REMOVAL. | | 18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause lost. | D BY: TE CAUSE (o) DUE TO, OR A | AS A CONSEQUENCE O | F | yocarl | iel Dis | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| RECORDS, | BE EXECUDING" MEDICAL AS A BL ALTH AN | NOIL | PART 2 OTHER SIGNIFICANT CONDITIONS A B Ne | | THE REAL PROPERTY. | | JOH / KD | | |
| VITAL RI | F B C L O F O | CERTIFICATION | 190 DATE OF OPERATION |) | | TION WAS PERFORMED | | | 20. AUTOPSY? YES NO NO |
| DIVISION OF | TIFICATE WE STHE WE TO THE HOULD ARTMEN | MEDICAL CE | 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 214 INJURY OCCURRED | DEATH P.M. | INJURY MONTH DAY YEAR 19 FINJURY (ATHOME, | 21c. HOW INJURY OC | CURRED LENTER NATURE C | OF INJURY IN ITEM 18 PART 1 OR | PART 2) |
| DIVIS | # \$ 4 0 P P | MEC | WHILE NOT WHILE AT WORK | | PINJURY (ATHOME, DRY, FARM, ETC.) | STREET | СПУО | RTOWN | COUNTY STATE |
| | TO MEDICAL EXAMINER: THE SECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNER LIDIBECTOR: PAFTER DEATH, WITH THE STEAM AFTER DEATH, WITH THE STEAM STEAM OF E, MARYLAND, 212 | 10 | 22a. I certify that I took charged death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) | 2 | | Autopsy , In: ide , Homicide TITLE (SPEC | Spection , Inqui | d manner , | opinion 5-4-19-79 |
| 42 | BA PATO A | 23 a. B | JRIAL, CREMATION, REMOVAL | 7-25-79 | Lee's C | etery or crematory | 23d. LOCATIC CITY OR TOWN Wa. S.D. | ington, D.C. | OUNTY STATE |
| | DHMH - 17 (VR A15 ME (5)) 15M 7/77 | | Puneral Home | 300-4th St | 2000 N.E. Wash | D.C. 25a. | DATELEC & BORE DE | TRAIR 25% SECRETARING | ys/300/basely |



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William Mexico. The March Street, Stre

Mary E. Seall 10225 Kensington Pkwy. Kensington, M.

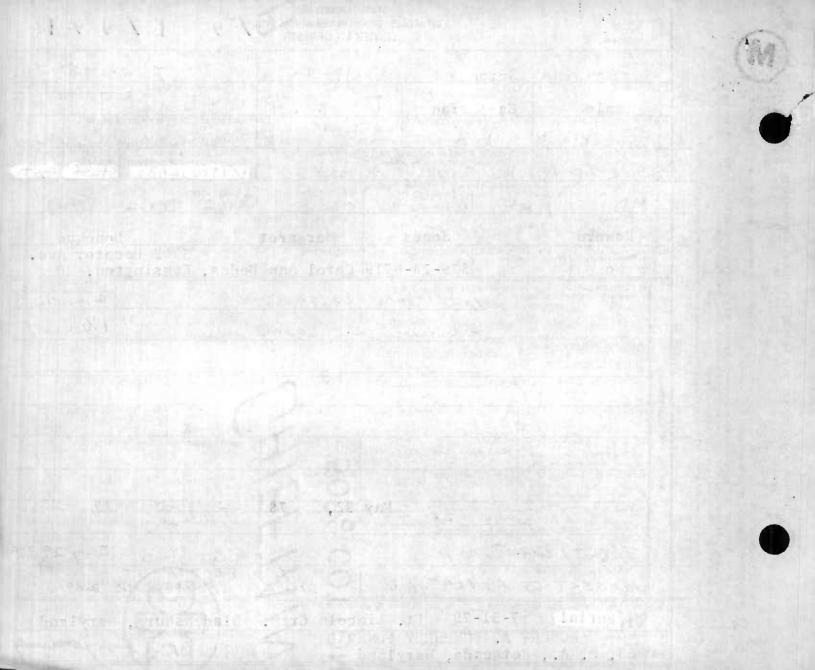
579-43-7753 Harry R. Stringer-husband

AND A PROPERTY OF THE PARTY OF

Cresation 7-25-79 Lee's Crematory

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Washington, D.C. 20002

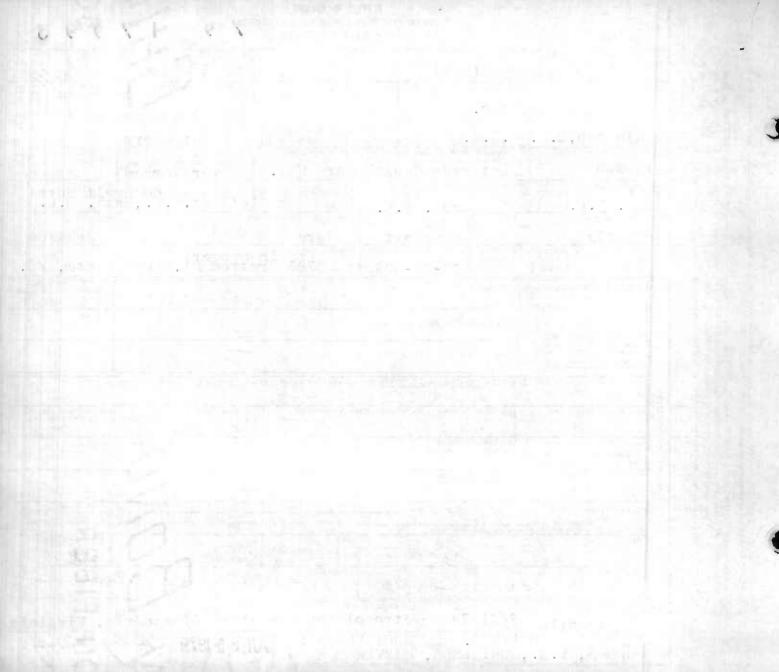


| 2 | | | | | | | | OFMA | | | | | | | | | |
|--|--|---------------|----------------------------|--------------------------------------|------------------------------|--------------|--------------------|--------------|---------------|------------|------------|----------------------------|---------------|--------------|-----------|-----------|---------------------|
| P | | | FOR STATE | | | | MENT OF HE | | | | HYGIEN | O | | 7 | a | 0 4 | 3 |
| / | | | REGISTRAR | | MEI | | EXAMINE | R'S CE | RTIFIC | CATE | OF DEA | THY | REG. N | 0. | 7 | 7 | 4 |
| | | | CEASED NAME E OR PRINT) | E FIRST | | WIDDLE | | LAS | 51 | | | OF N | NOWN ESTI- | MONTH | DAY | YEAR 2 | b. HOUR |
| | RS S. S. ET, | | | Will | iam | J. | SU | JLL IV | AN | | | DEATH A | MATED [| Jul. | 13 19 | 79 | 2:30 |
| 1 | FIELSE POURS STREET, | 3. SEX | | 4 RACE | 5. DATE OF BIRTH | VEAD | 6 AGE (IN YEARS | IF UNDE | R I YR. | | R 24 HRS. | c DATE | | MONTH | DAY | YEAR | d. HOUR |
| 1 | Z Z | Ma | е | Cauc. | May 11 | 1957 | 22 YRS. | MONTHS | DAYS | HOURS | MIN | RONOUNC DE AD | J | ul. 1 | 3 19 | 79 | 2:3QP |
| 1 | EST // | 7a. B1 | RTHPLACE (ST | TATE OR | 76 CITIZEN OF WE | IAT COUN | TRY? 8. | MARRIED | □ NEV | /ED AA A D | DIED IX | . BALTIMO | RE CITY | OR COUN | TY OF DEA | TH | |
| | NECESTON SET OF | Pe | ennsylv | | USA | | | VIDOWED | | DIVOR | CED 🗆 | Montg | | | | | MD. |
| | AY IS N THE P AGE 5 | 1 | TY OR TOWN | | 11. NAME OF HOS | THITY GIVES | TREET ADDRESS) | | INSTITUT | NOI | 12a USU. | AL OCCUPA OST OF WORKIN | NG LIFE) | | OR IN | OF BUSI | NESS |
| | | | ethesda | | National | | | | ente | r | U. | | rine | Corp | S | | |
| - | | 13a S | TATE | 1136 COLIN | OR OTHER INSTITUTION, GIV | 13c. CITY | OR TOWN | 1134 | d. INSIDE CI | TY LIMITS? | 13e STRE | ET ADDRES | S | | | | |
| 21201 | AND 3 3. RETAIN SHOULD | V | rginia | Fair | fax | Sp | or town ringfie | d | YE X X | NO [| 67: | 26 Del | and | Drive |) | | |
| MD. | I' NE IN | 14. FA | THER'S NAME | | MIDDLE | | LAST | 15 | . MOTHE | R'S MAIL | DENNAME | MIDI | DIE | | LAS1 | | |
| Α, | | | Franc | s | J. | Su | Îlivan | | G | Iori | а | 7 | | A N | loyer | | |
| A OR | 2 2 0 10 | 16a. V | AS DECEASES | DEVER IN U.S. AR | MED FORCES? WAR OR DATES) | 16b. SOC | IAL SECURITY N | 10. 17. | . INFORM | ANT | | | ADDRESS | | | | |
| BALTIMORE, | A N I S S I N I | | Yes | (4 125, 5142 | | 223 | 66 6824 | 1 | Fran | cis | J. Su | llivan | See | 1tem | 13 | | |
| 80 | | | 18. CAUSE O | F DEATH (Enter on | ly ane cause per line | for (q), (b) | , ond (c).) | | | , | | | | | APPRO | XIMATE IN | ITERVAL ND DEATH |
| 1 ST | 24 HOU ITEM 18. LONG V PERMIT. | 201 | PARTIDE | ATH WAS CAUSED | D BY: TE CAUSE (a) | RES | PIRAT | 0124 | / | HR! | 4ES? | - | | | 19 | CU. | TE |
| ō | 25300 | | 8190 | | | AS A CON | ISEQUENCE OF | | | | 147 | | | | , | 1 111 | 1 |
| RES | ENTHIR ENTAL IN ENTAL HY ENTAL HY REMOVA | 1 | | is, if any, which se to immediate | (b) | MU | LTIPL | E | 9 | RA | mm V | | | | 7 | · W | 25. |
| 3 | TED WITHIN 2 V PENCIL IN I EXAMINER ALI IAL-TRANSIT P MENTAL HYG OR REMOVAL. | | cause (o) | stoting the under- | DUE TO, OR | AS A CON | ISEQUENCE OF | | | | | | | | | | e 18 |
| © DIVISION OF VITAL RECORDS, 301 W. PRESTON ST | | - 2 | lying cou | se iosr. | (c) | | | | | | | | | | 180 | | |
| DS, | 200 40 | 150 | PART 2 OTHER SIG | GNIFICANT CONDITIONS | CONTRIBUTING TO DEATH E | UT NOT RELA | TED TO THE TERMINA | L DISEASE DR | CONDITION | GIVEN IN P | ART 1 (a). | | | | | | |
| Ö | PENDIN PENDIN FF MEDI FE AS A FE AS A HEALTH | NO. | 141.52 | ANE | STHETI | 6 | REAC | TIOI | V | | | | | | | | |
| . 2 | HOULD SD "PER CHIEF A USED OF HEA | CERTIFICATION | 190. DATE OF | OPERATION | 196. CONDIT | ION FOR | WHICH OPERAT | ION WAS | PERFORA | MED? | | | _ | | 20 AUT | OPSY? | |
| ITA | SHOP ORD ORD ORD SE CHIE BE US LT OF RIAL, | Ē | 7/1 | 3/74 | GAS | MIC | FEE | DING | 25 | | | 8 | | 7 | YES | X | NO 🗆 |
| PF V | IR: THIS CERTIFICATE SHOUT OTEN WRITING THE WORD ORWARDED TO THE CH R. PAGE 3 SHOULD BE US E STATE DEPARMENT OF | GE | | L CAUSE WAS | 216. TIME OF HOUR A.M | INJURY | DAY YEAR | 21c. HOW | INJURY | OCCURR | ED (ENTERN | ATURE OF INJUR | RY IN ITEM 18 | PART 1 OR PA | RT 2) | | |
| NO | THE THE STATE OF T | | UNDERLY ING CONTRIBUTIN | OR CAUSE OF | 1 - 701 | | 16 1974 | AUTO | Ac | CID | EN | | | | | | |
| VISI | ERTING ED 1 3 SH 3 SH RIOR | MEDICAL | 21d. INJURY C | CCURRED | 21e PLACE C | | (AT HOME, | 21f LOCA | TION | | | | | | | | |
| ۵ | WARDED WARDED PAGE 3 STATE DEF | / 2 | AT WORK | NOT WHILE IN | ST | MEE | | | | CHR | 8423 | 5 M | TUXE | WI. | SKI | MARY | MA |
| | ME, VANNE, VORWORW, PARE STA | | | | e of the remains desc | مطم امماني | | Autopsy | 14 | Inspecti | | Г | 1 | | | , | |
| | S THE PORT OF THE | | death results | | of rouses | Accident | Suicio | | Homici | | | Inquiry L | | nd in my op | noinic | | |
| | ERAMINER CERTIFICA ILD BE FO SIRECTOR WITH THE ARYLAND | -31 | Gedin (esone | ed from: | 01 | ascident | 1/0 | | TITLE & | | Undere | rminea moni | ner, | | | 1 | / |
| - | IL EXAMINE IE CERTIFICA OUID BE FA OUID BE FA IL DIRECTO H, WITH TH MARYLAND | | ACTUAL SIGNATURE | All | cel Ill | 411 | MIX | | 7 | LU | L | | IFP | DATE | 7/ | 113/ | 79 |
| | MEDICAL DUTE THE E 4 SHOIL SINDERAL REDEATH, TWORE, M | | AND THE A | , | - | 1 | | | | 1 | WEDIO | CALEXAMIN | VER | SIGNE | 10 | 010 | |
| | MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR: ER DEATH, WITH THE: IMORE, MARYLAND, 2 | - | EXAMINER'S | NAME NT) | C. 1 | 1440 | LE | AD | DRESS | 5200 | Wisco | dend | No | Sei | 1400 | 3 | 110 |
| | EXECUT PAGE TO FUN AFTER I | 23a.Bl | JRIAL, CREMAT | TION, REMOVAL 2 | 3b. DATE | 23r. N | NAME OF CEME | | | RY | 23d. LO | CATION | | | | | T. E. M. |
| | BP | (5 | urial | | 7-17-79 | | | | | | CITY O | linata | n W- | COU | NTY | STAT | |
| | DHMH - 17 | | INERAL DIREC | TOR | | | rlington | - | 17 | 250. DATE | REC'D. BX | 1979R | 256 P | 1100 | ALC: | Jaly | |
| | (VR A15 ME (5)) 30M 7/73 | | Marsha | II Funer | al Home PRESS | Wash | ington, | D.C. | | Jl | 11 1 8 | 13/3 | , | / | | 1 | |
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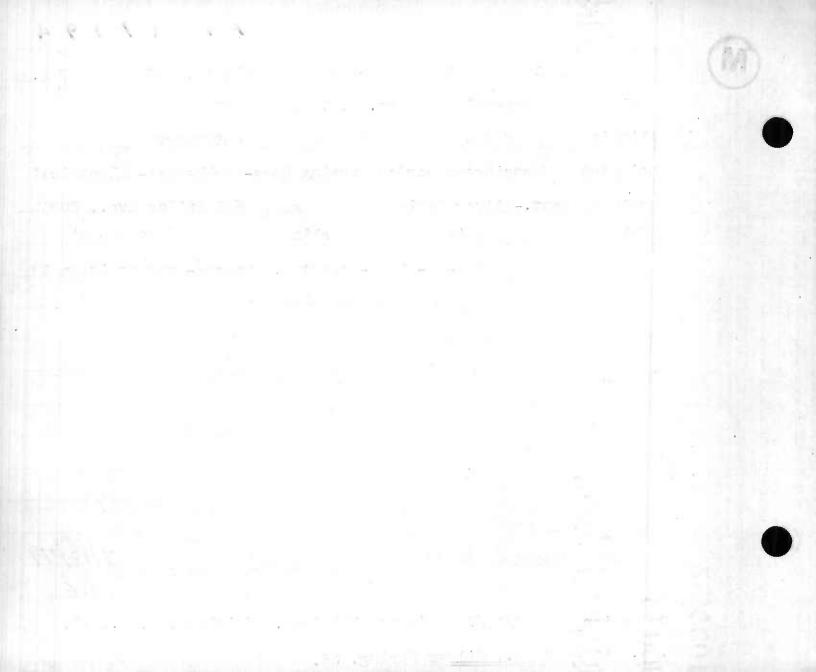
SEC. New 17 1 TV 48 al at the factor 38 ST 15 15 78 SE Adu placyte may 9 Sameurs - Disting Novel Verior Dauber | Du. Sivier Cotte Vigiti - Hirima - Scripfield xx - Lease Setain and American AND THE SEZE STREETS A. Bulliyon Ses igns 13 2 150 | Company of the control of the cont

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20. DATE OF DEATH, MONTH 2b. HOUR (TYPE OR PRINT) (NMI) 4 RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS ' AST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 84 Cauc To. BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED ashington.D.C. U.S.A. WIDOWED DIVORCED | Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) [TYPE OF WORK EOR MOST OF WORKING LIFE] INDUSTRY ethesda Bethesda Health Care Ctr. Never Worked DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS Roosevelt 6th St.N.W., Wash. 13b. COUNTY 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Wash. Vash 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Johnson Augustis Swagart Mary 17 INFORMANT 1 878 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. Swagart Chevy Chase, Md. ehia Swag 3 Preston (IF YES, GIVE WAR OR DATES) 577-70-6958 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY Terneshed cerebral theombons RAIS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX YES T certificate 216. TIME OF INJURY 218. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL buriol (IF EITHER, NOT IFY MEDICAL EXAMINER) P.M 19 21d, INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION ò CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.) STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL be det PORTANT. 22d. PHYSICIAN'S NAME LTYPE OF PRINTI 22e. ADDRESS should be with the 05077 0 23a. BURIAL, CREMATION, REMOVAL 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE Metropolitan Crematory Alexandria, Virginia Cremation ROBERT A. PUMPHREY FUNERAL TRAR 256. REGISTRAR'S ST 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 HOMES, P.A., BETHESDA, MARYLAND (VR A 15 (4))

STATE OF MARYLAND



| | 1. | FOR STATE | | DEPART | MENT OF H | E OF MARYLAND EALTH AND MENTAL HY | GIENE 7 | 9 | | 7 | Ó | a | 1 |
|-----|---------------|---|----------------------|--|--------------|--------------------------------------|--------------|------------------|----------------|-------------|--------------------|------------|---------------|
| | Ĺ | REGISTRAR CEASED NAME FR | . 7 | WIDDLE | | ICATE OF DEATH | Tan DAYE O | REG. NO | | DAY | YEAR | * | 7 |
| 1 | (TYPE | OR PRINT) | zel | Mariett | | Swanson | July | | 197 | | TEAR | 26. HOL | Λ. |
| | 3 SE | | | RACE | 5. DATE C | FBIRTH | | EARS LAST BIRT | -da / 1 | ₩ UNDE | ER I YEAR | IF UNDER | |
| | F | emale | | Caucasian | Oct | | 8 | 7 | YRS. | MONTHS | DAYS | HOURS | MIN |
| KI | 7e. BI | RTHPLACE (STATE OR FOREIGN | 7 b | CITIZEN OF WHAT COUNTRY? | S. | □ NEVER MARRIED □ | | DRE CITY O | | Y OF DE | EATH | | |
| 51 | Ĭ | llinois | | USA | WIDOWE | | Mon | tgome | ery | | | | ٨ |
| 70 | | nsington | | NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET ENSINGTON GA | ADDRESS) | | (TYPE OF WO | OCCUPATION MOSTO | F WORKING L | LIFE) INC | Lect | | |
| 25 | 13a S | STATE 136 | OME OF OT | HER INSTITUTION, GIVE RESIDENCE BEFOR | E ADMISSION) | 13d. INSIDE CITY LIMITS? | 130. STREET | ADDRESS | llas | | | 209 | |
| 140 | | THER'S NAME | | | THE | 15 MOTHER'S MAIDEN NA | | | Llas | AVE | | 209 | Ш |
| 15 | | John | MID | Bolin | | Cellia | | WIDDLE | (no | t/kr | 10WI | (1 | |
| 7 | | VAS DECEASED EVER IN U | | D FORCES? 166 SOCIAL SECU | JRITY NO | 17 INFORMANT | | ADDRE | 4 | | | | |
| / | (| No. | ES, GIVE W | 349-24- | 21941 | -Robert E. | Swan | son-S | ame | as | ite | ms | 13 |
| | | 18 CAUSE OF DEATH (Er | iter anly | ane cause per line for (a), (b), ar | | 1 | | 00-1 | | L | APPROXI | MATE INTE | RVAL DEATH |
| | | PART I. DEATH WAS C | | CAUSE (o) | liac | applit | | | | - | me | nu | to |
| | | 4290 | | DUE TO, OR AS A CONSEOU | FNCE OF | | | | | | | | |
| | | Canditians, if any, whi | ch | (b) | | | | | | | | | |
| | ш | | he | DUE TO, OR AS A CONSEOU | ENCE OF | | | | | | | | |
| | | underlying couse lo | 51. | 10 My | veo- | dites | | | | | m | 30 | 94 |
| | NO | PART 2 OTHER SIGNIFIC | ANT CO | NDITIONS CONTRIBUTING (O. | DEATH BUT | NOT RELATED TO THE TERA | MINAL DISEA | E OR CON | DITION G | IVEN IN | PART 1(c | 14 | |
| | CERTIFICATION | 198 DATE OF OPERATION | | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUT | OPSY? | | | E FINDIN CAUSES | | |
| 2 | TIFE | | | | | | YES 🗌 | NO | | YES | CAUSES | NO [| _ |
| 9 | | 210 ACCIDENT WAS UNDERLY! | | 216. TIME OF INJURY HOUR A.M. MONTH D | AY YEAR | 21c HOW INJURY OCCUP | RED LENTER H | ATURE OF INJU | RY IN ITEM 18. | , PART T OR | t PART 2) | | |
| 1 | CAL | (IF EITHER, NOTIFY MEDICAL EXA | | P.M. | 19 | | | | | | | | |
| | MEDICAL | 214 INJURY OCCURRED | | 21e PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC.) | 21) LOCATION STREET | | CITY OR TOV | wn | CO | אווא | s | TATE |
| | ٢ | AT WORK NOT WHILE | | | (2) | ./ | | | 1 10 | | . 1 | | |
| | | | | attended the deceased from | CX. | 19/ | to | luly | 12 | ., 19_ | 7 | thot (I) (| (we) lo |
| | | sow the deceased all above, (I) (we) (did) (| ive on did not) ; | New the bady after death. | or . or | d that in (my) (aur) apinion | death accurr | ed an the d | ate and ha | our and f | from the | causes st | roted |
| | | 226 SIGNATURE | P | . / | | DEGREE ATTENDING | MEDICAL | STA | | 22 | 20 DATE | SIGNED | |
| | | an | m | th M.A. | | PHYSICIAN | | PHYSIC | | | 7/1 | 2/ | 79 |
| 1 | | 22d. PHYSICIAN'S NAME | | INT) | | 270 ADDRESS 130 | 8 GE | ORG-1 | AA | TUE | Ε, | | |
| 1 4 | | A.W.S | MI | TH | | wit | | DN, A | ND. | 2 | 090 | 16 | |
| | - (| BURIAL, CREMATION, REM | OVAL | | | EMETERY OR CREMATORY | | ORTOWN | | COUNT | Y | SI | TATE |
| | | remation | | 7/12/79 C | edar | Hill Crem. | Sui | tland | 1. P | G. | | d. | |
| 4_ | 24. FU | INERAL DIRECTOR | | ADDRESS | | | TE REC'D. BY | REGISTRAR | 256. REGIS | JRAR'S | SIGNAT | Bu | elig |
| 78 | ₩. | W. Chambe | rs | Co., Silver | Sprin | ng. Ma | ARLT | 1 1013 | | -/ | | - | 1 |
| | - | | | | | | | | | - | | 700 | |



FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME LAST 2a DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT Alexander July 6, 1979 Lawrence 7:45pm SZYDLA 1. SEX RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH OAYS HOURS Male Caucasian May 19, 1919 60 To BIRTHPLACE STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Pennsylvania Montgomery County WIDOWED DIVORCED T I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bethesda National Naval Medical Center Security Guard JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 138 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Arlington 615 north Jefferson St. Virginia Arlington YES X NO I. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE **NMN** Rosalie Lawrence Szydla Richel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) 1939-1961 177-12-2832 Barbara F. Szydla 6]5 N. Jefferson St. Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY Oat Cell Carcinoma of Lung IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cousé lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 206. IF YES, WERE FINDINGS USED 10s DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X NO YES X 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC 7M. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE HOT WHILE 19 79 July 6 220-1 certify that (1) (this hospital) attended the deceased fram July sow the deceosed alive on July 6 79 , and that in (my) (aur) opinian death occurred on the date and hour and from the couses stated bove, (1) (we) (did) (did nat) view the body after deat 22c. DATE SIGNED July 7, 1979 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS National Naval Medical Center, Bethesda, Md

23c. NAME OF CEMETERY OR CREMATORY

Arlington National

DHMH - 16 50M 1/76 (VR A 15 (4))

Murphy Funeral Home

23a BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

23b. DATE

7/11/79

Arlington, Va.

Arlington. Virginia

STATE

